

THE HEALTH OF BARNESLEY ^{C.B.}

1. Dr. Didsbury	C.407
2. Mr. Morley Parry	A.419
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4. Miss Knowles <i>in a 4. Smith</i>	B.202 <i>A305</i>
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1965



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1965



The Annual Report of the
Medical Officer of Health

The Annual Report of the
Principal School Medical
Officer

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Medical Officer of Health

Principal School Medical Officer

FOREWORD

To complain of the age we live in, to murmur at the present possessors of power, to lament the past, to conceive extravagant hopes of the future, are the common dispositions of the greatest part of mankind.

“Thoughts on the Cause of the Present Discontents”.

Edmund Burke, 1728 — 1797.

The year 1965 proved for the Barnsley Health Service that rare event — an average year. Its passage was unmarked by any unusual epidemiological incident or by any epoch making alteration in the local authority's services. The vital statistics for the year, though very satisfactory, were not in any field the best ever recorded. At the same time, no figure could be regarded as unfavourable. It was not possible in any sphere to record an amount of work greater than that done in any previous years. At the same time, none of the figures relating to the services revealed a noticeable disparity when compared with the past.

An average year is perhaps disappointing in that it affords little material for comment. On the other hand, it offers an opportunity for reflection. Attempts have therefore been made in the pages which follow to set out these reflections. Taken piecemeal they give pointers here and there to the profound changes which are beginning to take form within the National Health Service. What is particularly evident is the trend towards a desire for greater integration and economy of effort on the part of all the services. This is apparent in the work done at the clinics, in that of the midwives and health visitors. It is also encountered in the school health service.

Where this trend towards unification is most evident is in the care of the aged. The action the Sheffield Regional Hospital Board has taken in appointing a consultant geriatrician to the Barnsley Hospital Group has been the key factor here. There is no doubt at all that the team work which has come into being between the hospitals and the community services in Barnsley is proving itself of incalculable value to the aged. Extension in any form to any other branch of the health services cannot fail to benefit the public.

In the field of mental health which is covered by part IV of this report the picture is a less invigorating one. Frustration, discontent and disappointment are the feelings which the Barnsley Health Authority has come to associate with its work for the mentally disordered and subnormal. Continuing as it has done over 17 years, the failure of the Sheffield Regional Hospital Board to do more than make “ad hoc” provision for the mentally ill has proved an effective barrier to forward planning of services in the community. This applies not only to the rehabilitation of the mentally disordered but also to the care of psycho-geriatric patients.

The history of the efforts which have been made to provide training centre facilities for adult subnormals is set out in some detail. The sorry tale which is unfolded repeats in some measure the trials and tribulations which the authority suffered at the hands of central government departments in the achievement of the sheltered workshop for the physically handicapped.

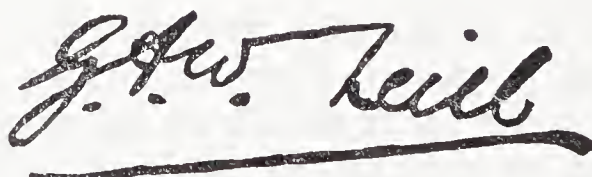
It is appreciated that these arise from the need for some form of centralised co-ordination and control over the expenditure of public money — it is indeed right that this should be exercised with care. The trials and tribulations would appear to arise from the manner in which it is exercised. The prodding of local authorities and municipal officials to implement national policies without regard to local conditions and knowledge — the correspondence containing questions on minor technical details which follows the submission of a project for approval — the interminable intervals between answering such questions and the receipt of a letter which may either pose fresh questions or may offer some suggestion which ignores local requirements — all this results in delays and frustration which cannot but damage the interest and satisfaction of the authority and its officers in any project subjected to this treatment. This simply is not in the interests of the community.

As regards the Mental Health Service in Barnsley, this procedure is understood even if it cannot be condoned. In ordinary circumstances, no reference to it would have been made. However, circumstances have recently arisen whereby Barnsley Corporation and its officers came under public castigation in relation to the mental health services which are the subject of this report. The opportunity is therefore welcomed and taken to state the facts fairly and squarely.

The completion of the Sheltered Workshop and the commencement of manufacturing operations in it, mark a turning point in the authority's provision for the physically handicapped. It is a very real pleasure to be able to include the first report from the manager of "Barnsley Light Industries" in these pages.

In the less troubled fields of environmental hygiene and school health, the description of an average year is appropriate. The solid progress which has been made in both fields will be found recorded in parts VI and VII of the report.

It remains then only to thank all those people whose efforts and goodwill have contributed to a successful year's work. At the same time, it is desired to express on behalf of all the staff, appreciation of the many kindnesses and courtesies extended by the Mayor, Aldermen and Councillors.



Medical Officer of Health and
Principal School Medical Officer

4th August, 1966

PART I

SOCIAL AND STATISTICAL INFORMATION

Men are generally more careful of the breed of their horses
and dogs than of their children.

William Penn, 1644 — 1718
"Reflexions and Maxims"
pt. i, No. 52

1. Geographical Situation : Latitude 53° 33" N.
Longitude 1° 29" W.
2. Elevation : 125 ft. to 575 ft.
3. Area of County Borough : 7,817 acres.
4. Population : (a) Census 1961 74,650
(b) Registrar General's estimate
(1965 mid-year) 75,500
5. Density of Population : 9.65 persons per acre.
6. No. of inhabited houses : 23,992.
7. Rateable value at 31st December, 1965 : £2,259,757.
8. Sum represented by a penny rate : £8,978.

SOCIAL CONDITIONS

In the past it has been customary to examine in some detail, figures relating to unemployment in annual reports. Such figures in the era before the institution of a comprehensive system of social insurance were most pertinent to the vital statistics of the community. However, in an age of full employment, they are of less consequence. Nevertheless, it is of interest to examine the information provided by the courtesy of the manager relating to the Barnsley Employment Exchange.

As at 11.1.65.				Men 18 and over	Women 18 and over	Total
Wholly unemployed	.....	.....	.....	551	156	707
Temporarily unemployed	.....	.....	.....	8	—	8
As at 10.1.66.						
Wholly unemployed	.....	.....	.....	582	145	727
Temporarily unemployed	.....	.....	.....	43	2	45

VITAL STATISTICS

Births :

					Males	Females	Total
Legitimate	.....	.....	.....	.....	650	682	1332
Illegitimate	.....	.....	.....	.....	52	43	95
					702	725	1427

Birth rate per 1,000 population	.....	.....	.....	.....	.....	18.90
Adjusted by application of comparability factor of 0.98	.....	.....	.....	.....	.....	18.25
Illegitimate live births (percentage of total live births)	.....	.....	.....	.....	.....	6.65

Stillbirths :

					Males	Females	Total
Legitimate	.....	.....	.....	.....	17	9	26
Illegitimate	.....	.....	.....	.....	1	1	2
					18	10	28

Rate per 1,000 total births (live and still)	.....	.....	.....	.....	.....	19.24
Total live and stillbirths	1,455

Infant Mortality :

Infant deaths under one year of age	33
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Infant Mortality Rates :

Total Infant Deaths per 1,000 total live births	23.12
Legitimate Infant Deaths per 1,000 legitimate live births	.....	.....	.....	.....	21.77
Illegitimate Infant Deaths per 1,000 illegitimate live births	.....	.....	.....	.....	42.10

Neo-Natal Mortality Rates :

Deaths under 4 weeks per 1,000 total live births	16.81
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Early Neo-Natal Mortality Rate :

Deaths under 1 week per 1,000 total live births	16.11
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Perinatal Mortality Rate :

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	35.05
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ANALYSIS OF PERINATAL MORTALITY

Total perinatal deaths (i.e. stillbirths plus deaths under 1 week of age) numbered 51. Of these 28 were stillbirths and 23, though born alive, subsequently died within 1 week of birth. Of the 23 born alive and subsequently dying within 1 week of birth, 10 were full term when born, 11 were premature at birth and 2 were not weighed at birth.

Of the 11 premature live births, 5 weighed less than 4 lbs. at birth and 6 weighed between 4 lbs. and 5½ lbs. at birth.

of the 28 stillbirths, 15 when born were full term and 13 were premature. Of the 13 premature stillbirths, 9 weighed 4 lbs. or less at birth and 4 weighed between 4 and 5½ lbs. Of the 9 premature stillbirths weighing less than 4 lbs. at birth, 6 in fact weighed 3 lbs. or less.

It is emphasised that in many cases, multiple factors have operated in the causation of death and in the following tables, only the major factor operating has been listed and taken to be the cause of death.

Deaths in First Week of Life

Congenital Malformations :

Multiple Congenital Deformities	1
Anencephalus	1
Diaphragmatic Hernia	1
Congenital Polycystic Kidneys	1
Congenital Stenosis of Trachea	1
Congenital Heart Disease	1
Gross Prematurity	4
Prematurity	1
Postmaturity	1
Pulmonary Atelectasis	4
Rhesus Incompatibility	1
Kernicterus	1
Haemorrhagic Pneumonia	1
Inhalation Pneumonia	1
Tentorial Tear	1
Prolapsed Cord	1
Inattention at Birth	1
	<hr/>
	23
	<hr/>

Stillbirths :

Congenital Malformations :

Imperforate Anus	1
Congenital Deformities	1
Hydrocephalus	1
Anencephalus	2
Gross Prematurity	4
Prematurity	1
Postmaturity	2
Asphyxia neonotorum	2
Prolapsed Cord	1
Placental Insufficiency	3
Premature Placental Separation	1
Placenta Praevia	1
Ante-Partum Haemorrhage	3
Toxaemia of Pregnancy	2
Anoxia-in-utero	1
Cause unknown	2
	<hr/>
	28
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ANALYSIS OF INFANT DEATHS : 1 week — 1 year

Congenital Malformations :

Multiple Deformities	2
Ectopia Vesica	1
Congenital Atresia of Bile-duct	1
Peritonitis	1
Cirrhosis of Liver and Cerebral Palsy	1
Fulminating Viral Respiratory Infection	1
Bronchopneumonia	1
Septic Meningitis following Otitis Media	1
Accidental Smothering	1
	<hr/>
	10
	<hr/>

MATERNAL MORTALITY

No maternal deaths were registered in the County Borough during 1965.

DEATHS

Males — 470 Females — 358 Total — 828

Crude Death Rate per 1,000 population 10.96

Adjusted Death Rate by application of comparability
factor of 1.21 13.26

Comparison with 1964 shows a decrease of 17 deaths. This results in a fractional decrease in both the crude and corrected death rates which is so small as to be of no significance whatsoever. The adjusted figure is shown in the comparative table, Table II in the appendix.

A detailed statement of the number of deaths attributable to each of the causes in the Registrar General's abbreviated list is shown in Table I. The age group at death and the distribution of deaths between the sexes is also shown in this table.

Pulmonary tuberculosis accounted for 5 deaths.

Pneumonia and bronchitis were credited with 113 deaths, 23 less than in 1964.

Cancer deaths amounted to 144, 14 more than in 1964.

The findings at inquests held by H.M. Coroner during 1965 on Barnsley residents were as follows :

	Male	Female
1. Deaths certified from natural causes	1	—
2. Deaths certified as Road Traffic Accidents	5	4
3. Deaths certified as Occupation Accidents	2	—
4. Deaths certified as Home & Other Accidents	12	8
5. Deaths certified as Suicide	3	1
6. Deaths certified as Homicide	—	—
7. Any other causes	10	—

Comment :

The vital statistics for Barnsley for 1965 may be regarded as highly satisfactory. The fractional decrease in the birth rate when compared with the previous year is of no significance at all. In fact there were 7 fewer births. No serious inference either should be drawn from the increase in the number of illegitimate births by 6.

It is most satisfactory to note an overall improvement in the various statistics related to infant mortality. The only one not comparing favourably with the previous year is illegitimate infant deaths and here again the numbers involved are not sufficiently large to provide a sound basis for comparison.

Over the years a very great deal of thought has been given to infant mortality in Barnsley. The value of striking a five-year average of the figures has been discussed when dealing with a community the size of Barnsley. Reference to the figures available from Table II will show that comparison of last year's figure with the National average gave an entirely different impression from a similar comparison carried out with that for 1962. The average infant mortality figure for the country as a whole for the past 5 years works out at 20.9 deaths of infants under 1 year per 1,000 live births, that for Barnsley at 23.87. Having regard to the social composition of the Barnsley community, namely the very high proportion of the Registrar General's Social Classes IV and V, these figures indicate that the attention being paid to infant mortality in Barnsley is having a salutary effect. Thus, though the figure of 23.12 for 1965 is above the National average, it is below the average for Barnsley for the past 5 years. It is pleasing also to note that the figure for still births is also down when compared with 1964.

Considerable attention was paid in last year's report to the relationship between abortions, still births and perinatal mortality. In view of the improvement it is not proposed to recapitulate this here.

Mention was made in the 1964 report of a pilot scheme designed to collect information concerning still births and premature births. Information has continued to be collected throughout the year but at this stage one can only rely on impressions which the information suggests. The main impression so far gained is that many women pay insufficient attention to their diet during pregnancy, especially in the early stages. It is generally agreed that pregnancy is likely to be normal and go successfully to term in a woman who has fed well and wisely. Moreover, the child born to such a woman will stand a better chance of survival. It has long been established that from the nutritional viewpoint the foetus is a 'parasite', i.e. if the nutritional needs of the growing foetus are not supplied via the mother's diet then the foetus will draw upon the mother's own tissues to satisfy its needs. Hence, during pregnancy certain essential food factors, especially minerals and vitamins must be supplied in order to sustain the needs of both mother and foetus. One has the impression that many women enter pregnancy ill prepared nutritionally, and in consequence, infants born to such women do not have the optimum chance of survival which is their right.

Under existing social conditions in this country the remedy in these cases lies largely with the women themselves. Reference to that part of this report devoted to school health will show that undernutrition is virtually unknown amongst girls leaving school, largely thanks to school meals. A great deal of the problem lies in the approach of a large section of the female population to motherhood. Many women regard pregnancy as a fortuitous if not undesired happening, rather than a serious undertaking only to be embarked upon deliberately and after careful physical and psychological preparation. Consequently, after hoping that their fears may not be justified, they fail to seek advice at a sufficiently early stage. This suggestion is borne out by study of the bookings made with the domiciliary midwives during the year. This shows that only 35 out of a total of 456 women had consulted a midwife, and presumably a doctor, by the twelfth week of pregnancy. Furthermore, it is not unknown to find women enquiring at ante-natal clinics for advice on the best way to continue a slimming diet through pregnancy in order to avoid subsequent spoiling of the figure.

Much of what has been achieved in improving the survival rate of infants has been the result of health education of potential mothers. The more serious minded members of the female community are receptive to advice and are concerned for the well being of their offspring right from the moment of conception. The greater part of the problem now lies with the empty headed and improvident element who are more concerned with the transient amusements of the moment than with the lasting satisfactions of family life. Health education and social work as at present practised can hardly hope to make serious impact here. It would seem that a complete reorientation of public opinion would be necessary if a lasting impression is to be made where it is now most necessary. There is little doubt that in the same female community group the mothers' personal inclinations have their effect on the well being of the unweaned child. Desire for satisfactory "vital statistics" in

[illegible]

TABLE I

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1965 IN THE COUNTY BOROUGH OF BARNESLEY

[illegible]

the phraseology of the popular press (as opposed to the definition of the same words as employed in this report) is responsible for many infants being deprived of their birth right, namely breast feeding. The vital importance of this has been emphasised by recent publications which amply confirm the experience of local authorities medical officers that sudden cot deaths are extremely rare in breast fed infants.

It would seem that further reductions in infant mortality might be effected more rapidly if public opinion were to demand a higher standard of responsibility from mothers towards their young children. Indeed, until this happens it is difficult for the community to deny the truth of the words from William Penn's 'Reflexions and Maxims' already quoted.

Once again a year has passed without a single death being attributed to pregnancy or childbirth. This, once again, should emphasise the advances which have been made in the art of obstetrics within living memory. This latter might with advantage be refreshed by reference to Table II.

The deaths which were recorded in the County Borough call for little comment. Perhaps the most noteworthy point is that accidents in the home and other accidents accounted for more than twice the number of deaths resulting from road accidents.

PART I APPENDIX. TABLE II
Vital Statistics
Barnsley County Borough compared with those for England and Wales for Twenty Years.

Year	Total (Est.) Popu- lation	LIVE BIRTHS			DEATHS			Deaths under 1 year of age			Maternal Mortality		
		Num- ber Barnsley adjusted	Rate per 1000 Pop. Barnsley adjusted	Rate for England & Wales	Num- ber Barnsley	Rate per 1000 Pop. adjusted	Rate for England & Wales	Num- ber Barnsley	Rate per 1000 Live Births Barnsley	Rate for England & Wales	Rate per 1000 Live Births	Rate for England & Wales	Year
1946	72430	1555	21.47	19.1	852	11.76	11.5	61	39	43	0.63	1.43	1946
1947	73600	1663	22.59	20.5	875	11.88	12.0	72	43	41	1.17	1.10	1947
1948	74730	1560	20.87	17.9	804	10.75	10.8	73	46	34	2.50	1.02	1948
1949	75250	1436	19.08	16.7	803	10.67	11.7	59	41	32	0.00	0.82	1949
1950	75780	1444	19.06	15.8	814	10.74	11.6	50	34	29	2.03	0.86	1950
1951	74890	1342	17.92	15.5	883	11.97	12.5	43	32	29	0.73	0.79	1951
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27.6	0.71	0.72	1952
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	26.8	0.00	0.76	1953
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	25.4	1.54	0.69	1954
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	24.9	0.00	0.64	1955
1956	74830	1340	17.72	15.6	804	13.21	11.7	38	29.10	23.7	0.00	0.56	1956
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75	0.47	1957
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	22.6	0.74	0.43	1958
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.2	0.00	0.38	1959
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00	0.39	1960
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00	0.33	1961
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69	0.35	1962
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.00	0.28	1963
1964	75260	1434	18.67	18.4	845	13.80	11.3	43	29.90	20.0	0.00	0.25	1964
1965	75500	1427	18.52	18.0	828	13.26	11.5	33	23.12	19.0	0.00	0.25	1965

PART II

EPIDEMIOLOGY

Don't let us make imaginary evils, when you know we have
so many real ones to encounter

Oliver Goldsmith, 1728 — 1774
"The Good Natured Man".

The total number of cases of infectious disease reported in Barnsley in 1965 amounted to 1,126. The ages of persons affected and the geographical distribution by Municipal Wards are set out in Table I. The seasonal distribution is shown in Table II in the appendix to this part of the report.

Details of the various diseases notified are as follows :

Scarlet Fever : 98 cases.

This compares with 44 cases in 1964 and 59 cases in 1963 and would appear to indicate that streptococcal infection continues to remain at a comfortably low level in Barnsley.

Diphtheria :

Freedom from this disease has continued for still another year.

Pneumonia :

88 cases were notified as compared with 128 in 1964.

Meningococcal Infection :

There were 4 notifications.

Measles :

There was a total of 647 cases notified during the year. The two year cycle of this disease was due in the early months of 1965 but it commenced in the last three months of 1964. This repeated the experience of the winter 1962/63. Reference to Table II will show that 535 cases were notified in the first three months of the year.

Whooping Cough :

47 cases were notified. This compares with 87 in 1964. The decrease suggests that parents may be becoming more interested in securing immunisation against this disease.

Poliomyelitis :

No notifications of this disease were received.

Dysentery and Food Poisoning :

207 cases of dysentery and 15 of food poisoning were notified. The arrangements which have existed in Barnsley over the past eleven years were continued whereby general practitioners advise the Health Department of cases of gastro-enteritis and the department then investigates these and reports the results to the doctor. Thus all notifications are fully confirmed bacteriologically. This is most valuable, particularly in dealing with the families of food handlers and in the detection of healthy carriers and sub-clinical cases.

Tribute must here and now be paid to those general practitioners who loyally honour this arrangement, despite all the difficulties doing so entails.

The incidence of Sonné dysentery at 207 cases shows no material change from the previous year (201 cases notified). The 15 notifications of food poisoning represents 5 sporadic cases and 4 minor family infections.

Comment :

The picture revealed by these figures is highly satisfactory as indeed has been the case in the past five years. It would seem that modern progress in environmental hygiene and preventive and curative medicine has effectively banished the serious infectious diseases from the list and has left the epidemiologist only the lesser ones to study and to comment upon each year. Mention has been made in previous reports of the place taken in the epidemiological picture by measles and of the possibility of effective immunisation against it. During the year progress has been made towards the evolution of an immunising agent but as yet, it has not been felt that this progress is sufficient to consider making immunisation available at the authority's clinics. There seems little doubt, however, that in the not too distant future, effective and safe immunisation against measles will be an accomplished fact. When this comes to pass it is hoped that references to the cyclical incidence of measles will disappear from the reports of the future.

Dysentery and food poisoning continue to occur at about the same level as in the past two years. The authority's scheme for investigating cases of gastro-enteritis reported by practitioners probably results in the notification of a proportion of very mild cases which would otherwise escape notice. It is felt that this work is well worth while in that it results in the detection from time to time of *Salmonella* carriers engaged in the handling of food. Apart from this, it is difficult to make any further useful comment on the foregoing facts and figures.

Tuberculosis :

Notifications of pulmonary tuberculosis amounted to 24 during 1965 and there were three notifications of the non pulmonary form of the disease. There were five deaths from pulmonary tuberculosis. Statistical information relating to tuberculosis is set out in Tables III and IV in the appendix to this part of the report.

Comment :

As for several years past it is again possible to report a low incidence of pulmonary tuberculosis and although the figure is not the lowest on record it is an extremely satisfactory one. Analysis of the facts contained in the formal notifications shows the position as regards tuberculosis infection in the town to be even better than the number of notifications would at first suggest. Although nine notifications of children under 15 years of age were received, investigation showed that these represented only three separate sources of infection. The notifications are actually of very early disease detected in the course of contact tracing. It is interesting also to observe that no notifications at all were received relative to the age groups from 15 to 25. It would seem that tuberculosis has ceased to be "a young people's disease".

This once again emphasises the need to look for reservoirs of unsuspected infection amongst older people who suffer from a "smokers cough" or from periodic attacks of "bad chest". The year's experience also emphasises the value of painstaking contact tracing once the reservoir of infection has been detected. In view of this it is not perhaps too optimistic to look forward to a time when it will be possible to write annual reports in which the section on tuberculosis will be omitted altogether for lack of material.

Venereal Diseases :

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses in Barnsley were :

Syphilis	.....	.....	.....	.....	.....	.....	.....	.....	6
Gonorrhoea	.....	.....	.....	.....	.....	.....	.....	.....	11
Other conditions	.....	.....	.....	.....	.....	.....	.....	.....	95

It should be noted that of the 6 'new' cases of syphilis returned, only 4 were in so early a stage of the disease for it to be likely that the infection was acquired during the year.

The occurrence of 15 new cases of gonorrhoea compared with 13 in the previous year need not cause any great concern. It is satisfactory to note that an increase has been reported in the "other conditions" dealt with at the Centre. This would indicate that there is amongst those who have incurred the risk of venereal infection, a consciousness of the need to seek advice and treatment on the appearance of any trivial symptom or perhaps in some cases, simply because the risk has been taken; This is to be encouraged as it is of great assistance in the control of venereal infection.

Scabies :

Figures relating to Scabies in Barnsley in 1965 are as follows :

Children

Number treated	.....	.....	.....	.....	.....	29
Number of attendances	.....	.....	.....	.....	.....	58

Adults

Number treated	.....	.....	.....	.....	.....	25
Number of attendances	.....	.....	.....	.....	.....	46

PART II APPENDIX. TABLE 1.
Notifiable Infectious Diseases (excluding Tuberculosis) Age and Ward Distribution, as Corrected

Number of cases notified in Barnsley in 1965											Total Cases in each Ward								Removed to Hospital			
NOTIFIABLE DISEASES	All Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years and over	North Ward	South Ward	East Ward	West Ward	South-East Ward	South-West Ward	Central Ward	Ardsley Ward	Monk Bretton Ward	Carlton Ward	Home Cases	Kendray Isolation Hospital	St. Helen Hospital	Beckett Hospital
	98	—	5	26	53	11	3	—	13	7	2	10	12	5	—	14	19	16	94	3	—	1
	47	7	11	11	14	3	—	1	3	—	1	2	1	2	2	11	1	24	46	1	—	—
	647	36	213	220	173	5	—	48	64	18	28	19	42	37	4	75	263	97	643	4	—	—
	88	5	12	8	6	2	7	2	8	3	6	4	9	3	—	13	23	19	55	33	—	—
	4	1	—	1	—	—	—	2	—	—	—	—	—	—	1	1	2	—	—	4	—	—
	207	11	46	29	57	14	12	38	10	—	2	11	1	7	2	11	126	37	200	7	—	—
	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
	10	—	—	—	—	—	7	3	—	—	—	4	—	—	—	2	3	1	3	—	7	—
	15	1	1	—	3	2	3	5	4	—	2	1	—	5	—	—	—	—	13	2	—	—
	9	1	—	—	—	—	—	8	—	—	1	—	1	—	—	5	1	1	9	—	—	—
TOTALS	1126	63	288	295	306	37	32	105	102	28	42	51	66	59	9	132	442	195	1064	54	7	1

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)
Table showing monthly prevalence during the year 1965.

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever	15	10	12	8	2	8	10	6	1	3	11	12	98
Whooping Cough	2	2	—	1	2	1	2	17	14	4	1	1	47
Measles	244	219	72	13	11	20	15	13	4	6	8	22	647
Pneumonia	10	10	14	7	8	5	—	3	10	6	7	8	88
Meningococcal Infection	—	—	—	—	1	—	1	—	—	1	—	1	4
Dysentery	4	41	64	30	29	20	9	5	1	4	—	—	207
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	1	—	—	—	1
Puerperal Pyrexia	—	3	1	1	—	—	2	—	—	2	1	—	10
Food Poisoning	1	1	1	1	1	3	2	3	2	—	—	—	15
Erysipelas	—	—	1	1	—	—	—	5	1	—	1	—	9

TABLE III
Tuberculosis—Notifications and Deaths
For 15 years

Year	Pulmonary			Other Forms of Tuberculosis			Total Tuberculosis Death Rate
	Notified	Died	Death Rate per 1000 living	Notified	Died	Death Rate per 1000 living	
1951	114	18	0.25	12	3	0.04	0.29
1952	67	23	0.30	6	3	0.04	0.34
1953	60	13	0.17	11	—	0.00	0.17
1954	54	16	0.21	11	2	0.03	0.24
1955	71	8	0.10	6	—	0.00	0.10
1956	62	11	0.14	8	—	0.00	0.14
1957	56	7	0.09	6	3	0.04	0.13
1958	38	8	0.10	6	1	0.01	0.11
1959	28	3	0.04	4	1	0.01	0.05
1960	32	6	0.08	3	—	0.00	0.08
1961	22	5	0.07	2	1	0.01	0.08
1962	25	18	0.24	3	—	0.00	0.24
1963	35	5	0.07	2	—	0.00	0.07
1964	23	3	0.04	1	1	0.01	0.05
1965	24	5	0.06	3	—	0.00	0.06

TABLE IV
Tuberculosis—New Cases and Deaths 1965
Classified into Age Groups

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	1	—	—	—	—	—	—	—
1—2	—	1	—	—	—	—	—	—
2—5	2	1	—	—	—	—	—	—
5—10	—	1	—	—	—	—	—	—
10—15	2	1	—	—	—	—	—	—
15—20	—	—	—	—	—	—	—	—
20—25	—	—	—	—	—	—	—	—
25—35	—	1	—	1	—	—	—	—
35—45	5	—	—	1	—	—	—	—
45—55	2	—	—	—	—	—	—	—
55—65	5	—	—	—	1	—	—	—
65—75	1	—	1	—	2	1	—	—
75 & over	1	—	—	—	1	—	—	—
Totals	19	5	1	2	4	1	—	—

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

A man should never be ashamed to own he has been in the wrong, which is but saying, in other words, that he is wiser today than he was yesterday.

Jonathan Swift, 1667 — 1745.
"Thoughts on Various Subjects".

The practice, found to be convenient in the past, of considering these services under the heading of the Section of the Statute authorising their provision is continued in the pages which follow.

HEALTH CENTRES

National Health Service Act, 1946, S.21

Purpose designed buildings have been provided at Laithes Lane, Athersley, Littleworth Lane, Lundwood and Hunningley Lane, Stairfoot, for the services which are the authority's particular responsibility. In the planning of these buildings provision has been made to allow of expansion to accommodate services other than those provided by the authority.

In other areas, Carlton, Monk Bretton and the Gawber Road areas, the authority's clinic sessions are held in adapted buildings. Plans have been prepared for the replacement of these premises by purpose designed buildings which, like the existing ones will contain provision for expansion. At the end of the year negotiations were commenced between the authority and the Barnsley Executive Council for the provision of Branch Surgery facilities for general practitioners at the authority's premises.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1965 were available at :

1. The Medical Services Clinic, New Street.
2. Clinic, Laithes Lane, Athersley.
3. Clinic, Littleworth Lane, Lundwood.
(the above are purpose designed buildings).
4. Hunningley Villa, Stairfoot.
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. Jordan House, Gawber Road, Barnsley.

BARNSELEY, ATHERSLEY, ARDSLEY, LUNDWOOD AND CARLTON ANTE-NATAL CENTRES

Ante- Natal and Post-Natal Clinics :

Ante-Natal Clinics :

	Barnsley	Athersley	Ardsley	Lundwood	Carlton	TOTAL
1. No. of sessions held during year	78	48	52	47	26	251
2. No. of women who attended during the year	243	71	117	105	34	570
3. No. of new cases included in the above	197	59	99	79	28	462
4. No. of attendances made during the year	964	241	458	439	166	2268

Post-Natal Clinics :

1. No. of sessions held during year	3	—	1	4	2	10
2. No. of women who attended during the year	3	—	1	4	2	10
3. No. of new cases included in the above	3	—	1	4	2	10
4. No. of attendances made during the year	3	—	1	4	2	10

Note :

Of Barnsley's 243 Ante-Natal Cases 2 were transferred to St. Helen Hospital.

Of Athersley's 71 Ante-Natal Cases none were transferred to St. Helen Hospital.

Of Ardsley's 117 Ante-Natal Cases 2 were transferred to St. Helen Hospital.

Of Lundwood's 105 Ante-Natal Cases none were transferred to St. Helen Hospital.

Of Carlton's 34 Ante-Natal Cases none were transferred to St. Helen Hospital.

501 Maternity Outfits were issued to patients during the year.

ANNUAL REPORT, 1965

Infant Welfare	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Jordan House	Monk Bretton	Total
1. No. of sessions held during year at centres	197	98	99	52	26	48	50	570
2. No. of children who first attended at centre during the year and at their first attendance were under 1 year of age	467	255	195	118	45	138	87	1305
3. No. of children who attended during the year and who were born in :-								
1965	410	215	158	96	43	133	87	1142
1964	410	213	171	109	37	115	80	1135
1963-60	311	228	137	73	19	109	72	949
4. Total No. of children who attended during the year	1131	656	466	278	99	357	239	3226
5. No. of attendances during the year made by children who at the date of attendance were :-								
0-1 years	5333	2239	1997	1191	519	1891	1074	14244
1-2 years	838	498	404	207	107	359	258	2671
2-5 years	364	330	158	71	24	114	81	1142
6. Total No. of attendances made during the year	6535	3067	2559	1469	650	2364	1413	18057

Note—Of Barnsley's 1131 Infant Welfare Cases, 43 attended the Paediatric Clinic at New Street Clinic, and made 57 attendances in 33 sessions.

139 children were referred to Specialists during the year.

Dental Care of Mothers and Young Children 1965

Mr. J. Kilner, T.D., B.D.S., L.D.S., Chief Dental Officer, reports :—

A. Nursing and Expectant Mothers

The figures of the dental treatment carried out on nursing and expectant mothers in this Authority do not call for elaborate comment. A slight all round increase is to be expected for reasons of adequate professional staff to treat this type of patient and also the concerted efforts of doctors, nurses, midwives and health visitors to persuade the patient to seek dental advice and treatment.

The pattern of treatment shows no significant change. The number of fillings 109, against 55 last year is due to a nucleus of enlightened mothers in the Lundwood area who seek conservative treatment rather than wait for toothache to drive them to the dentist, usually for extractions.

Although Part C shows that 77 half days were devoted to Maternity and Child Welfare patients during the year, this is not strictly correct. It is uneconomical to devote whole sessions to Maternity and Child Welfare treatment owing to the limited demand and the figure of 77 “sessions” was estimated from the amount of work done and the time spent on individual patients.

In next years report, the statistics will be presented in the new form suggested by the Ministry of Health.

B. Children under 5 years of age.

Slowly but very surely a new aspect of the Authority's Dental Service is apparent in the growing success of the Dental Auxiliary experiment. The Dental Auxiliary, Miss M. J. Walters carries out the duties detailed in the Dental Auxiliaries Regulations (S.I. 1961 No. 1365) under the direction and supervision of a Dental Officer after the Dental Officer has examined the patient and has indicated to her the specific treatment to be given.

The duties of the Dental Auxiliary are as follows :—

1. Extracting deciduous teeth under local infiltration anaesthesia.
2. Undertaking simple fillings.
3. Cleaning and polishing teeth
4. Scaling teeth.
5. The application to the teeth of solutions of sodium or stannous fluoride or similar prophylactic solutions which may be agreed by the General Dental Council.
6. Giving advice on oral hygiene.

The increase in the number of toddlers inspected and treated is due to the dedication of the Dental Auxiliary to this class of patient. Miss Walters states "Although my experience is as yet not great, I am convinced that the "toddler" should be introduced to the dental surgery and its mysticism, by a female. The toddler looks to me as a "mother figure" and with hardly one exception, the toddler will co-operate, chat, lose the jitters if any, and allow me to get on with his treatment, after the toddler and I have allowed the Dental Officer to have a look. This, of course, takes time and the patient is rewarded with a small gift of toothpaste or instructive dental propaganda such as a Dental Snakes and Ladders game".

One would concur with Miss Walters remark that the child should be introduced to the surgery by a female, particularly an Auxiliary who has received specialised training in the handling of very young children. In any event, the children like this innovation.

Finally, Miss Walters has visited many of the Junior Schools to give them lectures and demonstrations on oral hygiene.

An increase in extractions in this group is due solely to the increase in the number of children presenting for treatment. 190 courses of treatment were completed from the 196 who required treatment. 59 children were examined and found not to require treatment. It is gratifying to note a substantial diminution in the number of "emergencies", i.e. children presenting for the first time at the clinic with acute toothache.

A summary of the work completed in the Authority's Dental Clinics is tabulated below.

DENTAL REPORT — CARE OF MOTHERS AND YOUNG CHILDREN **YEAR ENDED 31st DECEMBER, 1965**

Summary of Dental Treatment of Expectant and Nursing Mothers and Children under school age during 1965.

A. Numbers provided with Dental Care

	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
(1) Expectant and Nursing Mothers	158	155	102
(2) Children aged under 5 and not eligible for School Dental Service	255	196	190

B. Forms of Dental Treatment provided

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	DENTURES PROVIDED		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
1. Expectant and Nursing Mothers	27	109	—	—	317	60	94	7	4
2. Children aged under 5 years and not eligible for School Dental Service	—	125	8	—	235	143	—	—	1

C. Number of Premises and Sessions

1. Number of Dental Treatment Centres in use at end of year for services shown in Part B above	3
2. Number of Dental Officer sessions (i.e. equivalent half days) devoted to Maternity and Child Welfare patients during the year	77

Dental Statistics — Mothers and Young Children

(Maternity and Child Welfare patients)

Number of patients inspected and treated	413
Number of visits made by patients	1122
Number of treatment sessions	77
Number of anaesthetic sessions	—
Number of fillings	234
Number of scalings	27
Number of extractions	552
Number of other operations	411
Number of dentures supplied	101
Number of patients supplied with dentures	58
Number of prosthetic operations	341

Orthopaedic Clinic :

The report of the work at the orthopaedic clinic for children under school age during the year is as follows :

Inspections at the Clinic :

Visits of Orthopaedic Surgeon	13
-------------------------------------	----

Number of new cases seen :

New patients	72
Re-examinations	120

The work of the Physiotherapist is as follows :

Relaxation Classes :

	New Street	Athersley	Lundwood	All Clinics
Sessions	164	44	29	237
New patients	196	42	17	255
Other attendances	1109	203	87	1399

Relaxation Classes conducted by Midwives at Ardsley Clinic :

Number of new patients	35
Number of attendances	152
Number of sessions	40

Treatment of children under 5 years of age
(Postural and other defects)

Number of patients treated	2
Number of other attendances	138

Children requiring surgical appliances continued to obtain these through the Beckett Hospital, Barnsley.

Ultra-Violet Light Treatments :

Medical Services Clinic, New Street, Barnsley :

a. Children 0—5 years :

Number treated	4
Number of attendances	55

b. Expectant or Nursing Mothers

Nil.

Psychiatric Services :

The Child Psychiatrist who conducts Child Guidance Clinics at the Education Authority's Centre is available to advise the medical and nursing staff on general and individual problems of emotional development and behaviour. Both mental health officers who are allocated to work in the child guidance team are State Registered Nurses and hold the health visitor's certificate. They are also responsible for all mental health work amongst handicapped children of all ages.

Other Specialist Services :

The Consultant Ear, Nose and Throat Surgeon, the Ophthalmologist and the Paediatrician, who hold consultant clinics for school children are available for and see children under school age. The services of the speech therapist are also available. A total of 105 children under 5 years of age made 213 attendances for speech therapy. The services of the audiology technician may also be called upon for this group. 27 children under 5 years underwent a hearing test during the year.

Nursing Homes :

There are no nursing homes in the county borough.

Homes for Mothers and Babies :

"Ad hoc" arrangements for expectant mothers were made with voluntary bodies in 6 cases during the year. This compares with 17 in 1964.

It is of interest to observe that during the past two years there has been an appreciable increase in the number of illegitimate births.

					Illegitimate Births		
					1963	1964	1965
Live Males	.....	.....	.....	.....	32	49	52
Live Females	.....	.....	.....	.....	37	40	43
Stillbirth Males	.....	.....	.....	.....	—	—	1
Stillbirth Females	.....	.....	.....	.....	2	2	1

The health visitors contact and supervise all unmarried expectant mothers who come to their notice to ensure that they receive adequate ante-natal care.

The "At Risk" Register

This was maintained throughout the year following the arrangements described in last year's report. The children on the register were kept under constant review and every effort was strained to ensure that as soon as a child was found to qualify for removal from the register, it was erased from it. Only if this is done can entry on the register fulfil its purpose.

In addition to the Register maintained for children at risk for purely physical reasons is the "Special at Risk" register which was also continued. This contains the names of those children who are born into a few families whose history has shown that children born into them are at "special" risk for one reason or another, usually because the family is of the "problem" type or because there have been infant deaths in the family before. The risk here is not that the child should eventually prove to be handicapped but that there is a special risk — usually right from the beginning — that this child in such a family may die if special care and attention are not given. Some illegitimate births come into this category also. Families placed on this "special at risk" register are given very special attention designed towards avoiding "avoidable" risks to children born into such families. In fact most of them are on the register referred to in the section of this report which deals with "children likely to be neglected in their own home".

At Risk Children — 1965

Remaining on the register at 31/12/65 :

Simply at risk	207
Special at risk register	105
Live births during 1965	1427

Congenital Malformations

It is now the practice for every local health authority to collect all information concerning congenital malformations occurring in children born in their area and to submit this information to the Ministry of Health in accordance with a list of classified malformations supplied by the Registrar General. Such information is obtained from all sources within the County Borough concerned with the care of new born infants including general practitioners, midwives and hospital authorities. Information is supplied to the Medical Officer of Health with respect both to live and still births.

Malformations detected in 1965 — 30.

Distribution of Welfare Foods :

As in the past the practice was continued of making available certain proprietary brands of dried milk and other proprietary diet supplements at a reduced price. This concession is, of course, subject to the preparation being recommended by a member of the medical staff. The total receipts resulting from these transactions in 1965 amounted to £4,925. 18. 4.) (£4,539. 17. 6. in 1964).

The health authority undertakes the distribution of the various Welfare Foods and diet supplements provided by the Ministry of Health, in continuation of the scheme previously operated by the Ministry of Food from local food offices. The organisation described in previous reports has operated well and no difficulties in working it were encountered.

WELFARE FOODS

	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Jordan House	Monk Bretton	Total
Free Issues								
DRIED MILK								
Total Cost to the committee								
1964	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
1965	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Receipts for the year: 1964								
Dried Milks	£2072 9 6	£866 4 3	£496 5 0	£344 16 11	£98 16 7	£361 16 0	£299 9 3	£4539 17 6
Welfare Foods	£717 18 2	£176 13 2	£94 10 6	£81 13 6	£18 15 2	£80 9 2	£49 14 0	£1219 12 8
1965								
Dried Milks	£2217 10 7	£843 7 1	£395 11 2	£372 14 6	£142 5 1	£607 15 3	£346 14 8	£4925 18 4
Welfare Foods	£721 14 4	£165 11 0	£119 12 6	£84 17 0	£24 16 10	£139 8 2	£62 14 8	£1318 14 6

WELFARE FOODS

	Cod Liver Oil		Vitamin A & D Tablets		Orange Juice		NATIONAL DRIED MILK		
	Free	Paid	Free	Paid	Free	Paid	FULL CREAM		HALF CREAM
BARNSELY	245	473	48	704	924	6361	Free	Paid	Full Price
ATHERSLEY	83	126	8	90	286	1195	161	861	550
ARDSLEY	103	122	10	81	423	1190	42	277	178
LUNDWOOD	64	79	5	36	191	577	46	135	39
CARLTON	7	53	—	29	17	279	152	247	40
JORDAN HOUSE	19	100	5	163	129	1445	4	4	1
MONK BRETTON	—	50	—	23	10	665	24	34	95
							—	17	39
	521	1003	76	1126	1980	11712	429	1575	942
							1	3	2

Comment :

In last year's report considerable attention was devoted to the various factors relating to the attendances made at the clinics and to the lines on which the present services had developed. The figures for 1965 show that little alteration has taken place during the past twelve months. These figures are, in fact, substantially similar to those for the previous year. The figures for 1966 and subsequent years will provide interesting comparison in the future in view of the circumstances which will arise from general practitioners holding surgery sessions in the authority's clinic premises.

There is no doubt that this development will lead to a much needed closer integration of the services available for mothers and children and will offer opportunities of avoiding duplication. The sick child who is brought to the clinic can, in future, be shown by the health visitor to the family doctor (who alone can prescribe any necessary medicaments) without being seen first by a clinic medical officer. When this arrangement becomes accepted by all concerned the authority's medical staff will be able to direct their attention more and more to preventive medicine which is, after all their proper sphere. It must be borne in mind, however, that the availability of the family doctor at clinic premises will almost certainly result in a fall of attendances at clinics held purely by local authority staff — perhaps a reduction in these attendances may be found to be a measure of the degree to which integration of the services is being effected.

Reference was made in last year's report to the possibility of practitioners who use the authority's premises holding "ante-natal" and "well baby" clinics for their own patients in the authority's premises, supported by the authority's nursing and midwifery staff and an indication was given that the authority would do everything possible to facilitate this. It is to be hoped that once the practitioners become accustomed to working in the local authority's buildings they will give careful consideration to this idea which must inevitably benefit not only mothers and children but also the practitioners and the health service staff as well.

Schemes of this kind have been instituted in various areas during recent years and have been attended by a high degree of success. It is interesting to observe that this kind of development has come earliest in those areas where practitioners have taken part in providing some of the health authority's services in a part-time capacity. In Barnsley the authority has always followed a policy of providing services by the employment of whole-time medical staff and for many years the arguments in favour of this appeared to be incontrovertible. Perhaps the time has now come for this policy to be examined with a view to being "wiser today than yesterday".

As in previous years the various specialist services were utilised and the authority's medical auxiliaries had a busy year. It will be observed that the relaxation classes for expectant mothers held by the physiotherapist continued in popularity.

The arrangements for the provision of audiology and audiometric testing were continued during the year as were those for speech therapy and for the supply of Nationally available Welfare Foods.

In contrast to 1964 there was a reduction in the number of unmarried mothers for whom provision was made in Mother and Baby Homes run by various organisations. This was done in 6 cases in 1965 as compared with 17 cases in 1964. This is interesting in view of the fact that 6 more illegitimate births during the year were recorded. There are a number of possible reasons for this. It is, however, to be hoped that the decreased demand for this kind of accommodation arises from progress towards a more tolerant attitude on the part of both families and the community in relation to unmarried mothers.

MIDWIFERY

National Health Service Act 1946, S.23

At the end of 1965, 8 midwives were in post. This undoubtedly increased the administrative difficulties in running the service but by reason of the goodwill and understanding of the staff in post the service was continued without loss of efficiency. The effort which was put into maintaining the service with a reduced staff for several months was regarded as being well worth while in view of the prospect of two eminently suitable recruits being able to join it early in 1966. It is satisfactory to report that this prospect was, in fact, ultimately realised.

The administrative arrangements continued unchanged. The non-medical supervisor and her assistant combine these duties with those of superintendent home nurse and assistant. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives, and allocation of duties. The midwives have a room at the district nursing centre adjacent to the New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilization etc.) not normally available in the homes, and offers them a common ground for discussion and exchange of ideas.

All midwives have been issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Trichloroethylene was administered in 297 cases. Pethedine was administered in 158 cases.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act, 1948, as follows :—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	41
(ii) Other	3

Teaching of Midwifery

The number of midwives recognised as teachers in the health authority's service at the end of the year was three. During 1965, ten pupils received instruction from teacher midwives as well as a course of lectures at the Corporation's health department.

Domiciliary Midwifery and Institutional Confinement

During 1965 in Barnsley :—

- 3 women who did not book a doctor were attended at home by municipal midwives and in one case was the doctor present at the time of delivery of the child.
- 134 women who booked a doctor were attended by municipal midwives and the doctor was present during labour.
- 27 women who booked a doctor were attended by municipal midwives and a doctor was present at delivery.
- 52 women who booked a doctor were attended by municipal midwives and a doctor was present at labour and at the time of delivery of the child.
- 220 women who booked a doctor were attended by municipal midwives and a doctor was not present at either labour or delivery of the child.
- 258 women who were confined in hospital were discharged before the 10th day of the puerperium. They were attended between the time of discharge and the 14th day by domiciliary midwives provided by the health authority (284 in 1964).
- 8,298 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 9,197 in 1964).
- 173 post-natal visits were paid by midwives (after the 14th day).
- 2,375 ante-natal visits were paid to women in their own homes by the authority's midwives (2,264 in 1964).
- 2,889 visits were paid by midwives to women who were discharged from hospital before the 14th day (3,019 in 1964).
- 641 other visits were paid by midwives.
- 427 attendances at ante-natal clinics were made by midwives.
- 332 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).
- Number of miscarriages attended — 1.

Post-Graduate Courses

2 midwives attended post-graduate courses as required by the Central Midwives Board.

All midwives attended lectures arranged by the Barnsley Branch of the Royal College of Midwives and the Public Health Department.

Hospital Students

Four lectures were given to student nurses on midwifery, followed by visits with a domiciliary midwife.

Obstetric Training

17 student nurses spent a period of two to seven days with the domiciliary midwives during their three months obstetric training.

Comment :

Apart from the reduction in the number of staff available for a part of the year, 1965 was uneventful for the Domiciliary Midwifery Service. It will be observed that some of the figures for visits paid by midwives during the year are reduced when compared with 1964. This is largely due to the fact that the number of patients discharged from hospital before the 10th day of the puerperium was lower than in the previous year.

Relations with St. Helen Hospital and Pindar Oaks Maternity Home continue to be excellent and the local maternity services liaison committee is providing ample opportunity for discussion on obstetric subjects between the three branches of the National Health Service.

As in previous years an enquiry was carried out into the week of pregnancy at which women book their midwife. This enquiry provides much food for thought. In 1965, out of 456 bookings, only 35 had been made by the 12th week and only 95 by the 16th week, but by the 26th week, 312 had booked. For some reason the week of pregnancy in which the largest number of women (39) made their booking was the 23rd week. Five women came into labour without having made any booking at all. Attention has been drawn in Part I of this report to the effects of this dilatoriness in seeking ante-natal advice. Experience has shown that the worst offenders in this procrastination are inevitably those who require supervision most and those who are least susceptible to persuasion and guidance.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24

The figures showing the number of visits made by health visitors during 1965 as compared with those of the two previous years are as follows :—

	1963	1964	1965
Children under 5 years visited for the first time	6,497	6,235	6,028
Children under 1 year :			
1st visit	1,415	1,424	1,365
Total	4,978	5,909	5,455
Children between 1 and 2 years visited	4,366	4,308	4,294
Children between 2 and 5 years visited	8,236	8,892	7,761
Total number of visits made to children under 5 years	17,580	19,109	17,510
Expectant Mothers :			
1st visit	877	877	767
Total	1,367	1,336	1,153
Infant Death Enquiries	31	50	46
Stillbirth Enquiries	35	35	39
Visits to Tuberculous Households	490	399	384
Visits re non-Tuberculous chest conditions	105	170	221
Gastro-Enteritis enquiries	1,048	2,266	2,222
Ineffectual visits	2,547	2,472	3,790
Total Households visited	16,629	17,305	23,172

The above comparative table giving figures of visits relating to the more traditional part of the health visitors' work has been included in this series of annual reports for many years. Examination of it, however, reveals that during 1965 the total number of households visited increased substantially, whilst visits done under a number of the headings decreased. This is largely due to the fact that health visitors are doing an increasing amount of social work amongst the aged, the chronic sick, problem families and those discharged from hospital. In previous reports, figures of work done by health visitors relating to these activities have been recorded under the appropriate heading elsewhere in the report, but this has failed to provide an overall picture of the work done by the Health Visiting Service.

On this occasion it is felt that the comparative table as used in the past ought to be included and that additional figures covering the ever widening field of health visiting activities might also be included separately, thus making possible the preparation of a more comprehensive comparative table in future years.

Therefore in addition to the visits made and recorded above, the following visits made by the health visiting staff should be added.

Geriatric visits (to persons aged 65 and over)	1,640
Visits to the mentally disordered	115
Visits to chronic sick persons under 65 years of age	791
Hospital after-care visits	170
Social and Moral Welfare visits	1,276
Visits to problem families	2,032
Visits to households re infectious diseases	1,471

On 31st December, 1965 the staff in post was as follows :—

Superintendent Health Visitor and School Nurse.	
Deputy Superintendent Health Visitor and School Nurse.	
Senior Health Visitor and School Nurse	3
Area Health Visitor and School Nurse	9
State Registered Nurse	3
State Enrolled Nurse	4

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report.

At the end of the year 13 trained health visitors were in post including the deputy superintendent and three senior health visitors. Two qualified health visitors joined the service and three terminated, two for domestic reasons and one to take up duties with S.S.A.F.A. In addition, the service lost the superintendent health visitor and a senior health visitor by reason of retirement. The consequential vacancies in the latter two cases were filled by promotions within the authority's staff. As a result of these changes, at the end of the year there were three fewer trained health visitors available than at the end of 1964. However, the fact that the two students who were sponsored by the authority for training at Leeds University would return fully qualified in July, 1966 offered some hope of relief to a somewhat depressing prospect. It will be seen that the number in post is just over one half of the authorised establishment of 24 trained health visitors and that the need for recruitment is, if anything becoming more urgent. At the time of writing, however, there are indications that an improvement in the situation may well be anticipated both as to numbers coming forward and in the calibre of aspirants to join this branch of the nursing profession.

In last year's report, attention was paid to the degree to which the field of the health visitors' activities is widening and to the extent to which certain of the necessary chores of this part of the service might be delegated to less highly qualified nurses. This policy has been pursued throughout the year with satisfactory results. This is evident to some extent in the statistical returns. The greater use of assistants to the qualified staff has enabled the service to show, despite depleted numbers, the increase in the total number of households visited to which reference has already been made.

During the coming months it will be most necessary that the health visitor should be capable of adapting herself to arrangements which will to some extent differ quite appreciably from those under which she has worked for many years. The use by the general practitioners of the authority's clinics for branch surgery purposes will almost certainly result in closer working with family doctors. This will probably call for an increased emphasis on social work amongst the aged and chronic sick as well as hospital after-care. It is largely in anticipation of this that additional statistics have been included in this part of the report. For purposes of future comparison it would appear to be important to do this for the last complete year that the authority's clinic premises have been used exclusively for the authority's own services.

In addition to routine visiting in the homes where there are young children, emphasis has been given during the year to the teaching of mothercraft in the course of these visits. It is becoming more and more apparent that this can be done with greater effect in the family environment and in the presence of all the individual household hazards than to groups gathered together in clinics.

Special attention has also been devoted to children whose names figure on the "at risk" registers, all of whom receive particular supervision.

Classes in mothercraft instruction are given by the health visitors to ante-natal patients attending the clinics for the relaxation exercises provided by the midwives and the physiotherapist. These classes cover eight weeks and have proved to be very popular, especially with women who are pregnant for the first time. A very successful mothers' club has been organised and meets once a month at Monk Bretton Clinic. In addition, the health visiting staff provide speakers on request for both formal and informal meetings of young wives groups in various parts of the town.

Hospital follow-up for both in-patients and out-patients of the paediatric department of the local hospitals is being more fully developed. A senior health visitor is in attendance at consultant sessions to provide social information and to ensure that the desired interpretation is applied to advice given at these sessions.

Apart from what may be termed clinical and social work duties, the health visitors undertake a great deal of educational work. Much of this is particularly difficult to record statistically or to show in a return by figures. Mention of it is made in various parts of the annual report under such headings as Health Education and work of the school nurses (the school nurses are in fact the health visitors "wearing different hats"). One educational activity which may rightly be recorded here is the part played by the service in training women in the professional care of young children.

In January, 1965 a Nursery Nurse Examination Board Training School commenced at the Belle Vue Annexe to the College of Technology, Barnsley. This is a two year training course. The health visiting staff give two hours per week as health tutors to the course. Also, practical work outside the college is arranged so that the students have access to children from birth to nursery school age. This involves visits to the homes of young babies (with the parents consent), visits to St. Helen Hospital children's ward and attendance at Infant Welfare Centres and residential homes with the health visiting staff. In January, 1966 a second group of students will commence so that two separate groups of students are being trained.

Theoretical and practical examinations are held at the end of term in preparation for the Royal Society Examination at the end of two years.

Additionally the health visitors have been assisting in an Auxiliary Teachers' Training Scheme. In view of the shortage of trained teachers it was decided in 1965 in Barnsley to train a group of carefully selected young married women to train as "infant teachers help". The study course lasted for twelve weeks and was held at the Belle Vue Annexe of the College of Technology. The health education part of this course was undertaken by a health visitor and involved a two-hour session at the college each week. This course has proved very useful. Even though this was an entirely new field of experience to the "students", they showed enthusiasm in all aspects of the training and were all successful in passing the end of term examination. All are now employed by the local education authority in the infant schools.

A refresher course for nursery teachers was held at the Belle Vue Annexe of the College of Technology and here again, the health visiting staff assisted.

Co-operation between General Practitioners and the Health Visiting Service :

The circumstances of medical practice in Barnsley have been such that they do not lend themselves to the attachment of a health visitor to any one practice or group of practices. However, close contact has been established between the doctors and the health visitors. This is generally maintained on a personal and informal basis. Where the

assistance of the service has been required on a formal basis or where a formal approach to a doctor is considered necessary, this is done through the superintendent health visitor or the senior health visitor at any particular clinic. Close contact with the requirements of the general practitioners is maintained by the medical officer of health through his membership of the Local Medical Committee. During the year arrangements have proved to be satisfactory and appear to be adequately suited to the requirements of the area.

The negotiations which commenced near the end of the year whereby group practices would be able to use the authority's premises for branch surgery purposes almost certainly herald a new era of relationship between the local authority's staff and the general practitioners. Reference has already been made to this and health visitors are the key personnel in achieving economy of effort in the services by closer integration.

Arrangement for follow-up of Hospital Cases by Health Visitors :

Close contact is maintained between the almoners at the hospitals of the Barnsley Group and the medical officer of health and superintendent health visitor. Lists of patients discharged are supplied to the health department and reports of the requirements of any special cases are forwarded as and when necessary. Arrangements exist whereby health visitors attend the paediatric out-patients at St. Helen Hospital to follow up children receiving both in-patient and out-patient treatment.

Comment :

The developments in the Health Visiting Service itself and those in the other services closely affecting it have been many and varied during the year. Despite the very many problems and difficulties which beset it, there is no doubt that the service is not only holding its own, but progressing. For this reason it has been necessary in the paragraphs immediately foregoing to include matter which might well be regarded as comment. It would seem that the people in the service are well aware of the part that they are being offered in the future of the National Health Service. They have learned by past difficulties and adversities and they are confident that they can accept their part and make a success of it. In these circumstances, it is not proposed to offer further comment in this report.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25.

The figures for the past five years are as follows :

	1961	1962	1963	1964	1965
Cases	2,339	2,078	2,119	2,082	2,044
Visits	48,458	42,629	42,418	39,270	37,172
Whole-time nurses	18	18	18	18	16

An analysis of the cases nursed during the year is as follows :—

Type of Cases	Number of cases	No. of visits paid to these patients
Tuberculosis	18	967
Influenza	3	12
Pneumonia	37	265
Maternal complications	34	264
Erysipelas	2	10
Infectious diseases	3	53
Miscarriages	7	64
Carcinoma	98	2,904
Burns and Scalds	37	487
Diabetes	28	1,714
Post-operative	155	2,031
Bones and Joints	65	1,883
Eye, Ear, Nose and Throat	182	961
Cerebral Haemorrhage	91	2,633
Cardiac	114	3,623
Circulatory	306	7,326
Chest	140	1,831
Skin	57	1,508
Others	667	8,636
	2,044	37,172

Patients in the above figures who attended clinics — Visits only	3,798
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Types of injections given :

Insulin	17	1,284
Penicillin	410	2,476
Streptomycin	30	816
Diuretics	81	2,783
Haematinic	118	1,283
Sedatives	20	402
Others	326	8,415

Night Service :

Cases visited between 8.0 p.m. and 6.0 a.m. (included in the above figures)	90	465
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Age Groups Nursed :

Under 5 years	132	915
5 — 15 years	89	455
15 — 65 years	892	13,595
Over 65 years	931	22,207
	<hr/> 2,044 <hr/>	<hr/> 37,172 <hr/>

Discharges

Convalescent	905
Hospital	253
Died	178
For other causes	280
	<hr/> 1,616 <hr/>

The overall pattern of the demands on the Home Nursing Service during 1965 conformed to that which has been developing over recent years, the outstanding feature being the lengthened period of nursing care required by the elderly sick in the winter months.

Short-term stay in hospital for the chronic sick has proved to be a most beneficial development. It gives the relatives a complete break from the stress and strain of continued care. It also provides a change with the possibility of rehabilitation for the patient.

The nursing of cases of physically handicapped and younger chronic sick at home is slowly increasing. Here it is inevitable for the nurse to have to spend a lengthened period of time on each individual to keep these patients active members of the community for as long as possible.

Rehabilitation in the home plays the largest part in the district nursing sister's work in the care of the sick. Social welfare and health teaching also claim a section of her time and attention.

Few surgical cases are referred from the hospitals (through the general practitioner) for treatment in the home. The hours patients wait in out-patient and casualty departments, as well as ambulance costs, could be cut down if patients were referred for home treatment. Fully qualified and experienced nurses are available on the district and sterile dressing packs, syringes and other equipment is provided for surgical work.

Liaison with hospital almoners has proved valuable in assessing the need for nursing aids and nursing attention. These are immediately available on the patient's discharge from hospital.

Linen, Loan and Laundry Service

One of the most essential services in the care of the elderly sick is that of the incontinent laundry service which is fully appreciated by patients, relatives and staff. This is a more practical service than the supply of incontinent pads, of which only a small number are requested. Sheets, draw sheets, nightdresses and bedding are loaned and laundered at the Home Nursing Centre.

Night Visiting Service

This service is mostly used now for sedation, particularly in the terminal stages of illness.

Home Nursing Clinics

The four clinics are still maintained for the treatment of ambulant cases.

Queen's Institute of District Nursing Training

Three students commenced and completed training during the year and were successful in passing both parts of the examination. Two State Enrolled Nurses completed a twelve weeks course arranged by the Queen's Institute of District Nursing and were successful in passing both parts of the assessment.

Post-Graduate Courses

Two Queen's Nursing Sisters attended post-graduate courses arranged by the Queen's Institute of District Nursing.

Central Sterile Supply Service

Autoclaved and disposable syringes are in use in the patients homes and at clinics. Disposable gloves, catheters, enemata and four sizes of sterile dressing packs are in use by district nurses. Sterile disposable gloves and umbilical clips are supplied to midwives.

Hospital Students

Four lectures on home nursing and midwifery were given to student nurses followed by visits with the district nursing sister and midwife.

Chiropody Service

A district trained state enrolled nurse was in attendance at each of the 149 sessions.

Disposal of Incontinent Pads and Dressings Used in the Home

As few incontinent pads are used in the Home Nursing Service no difficulty has arisen with the disposal of these. Plastic bags are supplied for soiled dressings. Arrangements are made with the borough Cleansing Department for the collection of dressings and pads if there is no means of disposal in the home.

The following figures relate to the loan of sick room requisites to those nursed at home during 1965 :—

Articles Loaned	Loaned during year	Still on loan at end of year
Air rings	129	66
Wheel chairs	73	37
Mackintosh sheets	177	104
Cradles	58	16
Crutches	31	16
Urinals	223	126
Bed pans	191	131
Bed rests	178	182
Sorbo beds	45	21
Feeding cups	37	14
Bed tables	3	2
Draw sheets	139	75
Mackintosh pillows	2	2
Bedsteads	47	22
Cots	8	4
Pulley and Fittings	7	7
Commodes	87	46
Walking aids	34	19
Walking sticks	30	19
Bath seats	25	22
Lavatory seats	1	1
Sputum mugs	3	3
Fracture boards	39	36
Bath rails	3	3
Large sheets	8	8
Air beds	2	—
Seat unit	1	1
Night gowns	26	5
Incontinent aids	8	8

Type of linen loaned : large sheets, draw sheets, night gowns, shirts.

Number of articles laundered, including uniform, bags, bag linings, etc., 11,202. Disposable towels are now in use.

Comment :

The work of the Home Nursing Service calls for little comment. The trend apparent during recent years for cases and visits to decrease in number has continued. It should be emphasised that this trend has been accompanied by one for each case to call for more nursing and for more attention to be given at each visit. This is largely due to the increase in the proportion of elderly patients being cared for. People are living longer and are requiring more nursing towards the end of their lives. The nursing of more acute conditions in the aged is also being reduced to some extent by the excellent co-ordination and co-operation which was further developed during the year between the services provided for the aged by the local authority and those provided by the Barnsley Hospital Group.

Added to this, recent advances in pharmacology are resulting in a reduction of the number of injections which are given to younger people for the treatment of acute conditions and are also contributing to an overall reduction in the number of acute conditions requiring nursing.

VACCINATION AND IMMUNISATION

National Health Service Act, S.26.

Vaccination against Smallpox :

The vaccination statistics for Barnsley are shown in tabular form as follows :

Age at date of Vaccination	Number Vaccinated	Number Re-vaccinated
0 — 3 months	6	—
3 — 6 months	6	—
6 — 9 months	4	—
9 — 12 months	10	1
1 year	206	10
2 — 4 years	34	3
5 — 15 years	23	11
Over 15 years	34	55
TOTAL	323	80

These figures compare with 384 primary and 155 re-vaccinations in 1964. This decrease is not so great as might have been expected in view of the efforts which are being made to effect vaccination just after the first birthday rather than in the first six weeks of life. It is interesting to note that 206 vaccinations were done in the first year of life compared with 100 in 1964.

There was no death from complications of vaccination during 1964 nor was any case of generalised vaccinia or post-vaccinal encephalomyelitis reported during the year.

Immunisation against Diphtheria

During the year primary immunisation and reinforcing injections against diphtheria were given to children in the following age groups :—

Children born in :	No. completing primary injections	No. of reinforcing doses	Total
1965	511	—	511
1964	610	268	878
1963	37	534	571
1962	21	13	34
1961-58	54	915	969
Other children under 16	15	72	87
Other persons over 16	1	2	3
Total	1,249	1,804	3,053

These figures represent a fractional decrease over those in 1964 when 1,422 children received a primary course plus 1,643 reinforcing injections.

Immunisation against Poliomyelitis

During the year immunisation against poliomyelitis was carried out as follows :

	No. given 3 doses during the year	Oral Vaccine	
		Number who at 31.12.65 1 dose only	had received 2 doses
Children born 1965	182	51	47
„ „ 1964	808	26	26
„ „ 1963	139	1	8
„ „ 1962	94	2	5
„ „ 1961-58	240	9	8
Other children under 16	210	4	3
Other persons over 16	2,002	15	40
Total	3,675	108	137

Number of individuals given a reinforcing dose of oral vaccine — 6,809.

No Salk type vaccine injections were given during the year.

Vaccination against Whooping Cough

The number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the authority's area during the year ended 31st December, 1965.

Year of birth						Number of children	
1965	511
1964	610
1963	36
1962	21
1961-58	24
Other children under 16	3
Other persons over 16	—
Total						1,205

This represents an increase compared with 1964 when 1,140 children completed the course.

Immunisation against Tetanus

1,252 children received a course of immunisation against tetanus, either combined with other antigens or against this condition alone. A further 28 persons over the age of 15 years were immunised against this disease.

The Casualty Department at Beckett Hospital is provided with a record of all persons immunised against tetanus at the authority's clinics.

Immunisation against Typhoid and Para-Typhoid Fevers

92 persons received a course of T.A.B. injections prior to a visit to the continent.

Yellow Fever Vaccination

The arrangements for this service were unchanged during the year. A fee of £1. 1. 0. is charged for each vaccination. The International Certificate of Yellow Fever Vaccination is supplied at the New Street Clinic Vaccination Centre where all injections are given.

The number of persons given this type of injection during the year is as follows :

Adults	.....	.....	.....	.....	.....	135
Children	.....	.....	.....	.....	.....	36
Total						171

Vaccination and Immunisation Facilities

All expectant and nursing mothers, infants, toddlers and school children can receive immunisation or vaccination against any of the diseases included in the authority's programme at any of the appropriate doctor's sessions held in any of the authority's clinic premises. If, of course, the medical officer in charge finds some contra-indication for carrying out the procedure, the patient will be advised accordingly. In addition to these arrangements, the special sessions for immunisation and vaccination were continued at New Street Clinic throughout the year.

Comment :

Arising from the work done relating to immunisation and vaccination during 1965, two points call for comment. The first is vaccination against smallpox. Here the problem to be faced is how to obtain the maximum protection for the community with the minimum risk to the individual. Work done during recent years and following importations of Asiatic smallpox has shown that the optimum time for vaccination is just after the first birthday. It must be borne in mind that the community has become used to the idea that vaccination should be done in the first ten weeks of life — this was adopted in the days when smallpox was prevalent in the country and proved very fatal to young children. Now that the risk of an unknown exposure to infection of a baby is remote, there is a justification for abandoning this early vaccination and postponing the procedure to an age when the risk of complications is at its minimum.

To the question “Is childhood vaccination worth while when smallpox is relatively uncommon in this country?”, the answer must be “Yes” ! It may be argued that it is reasonable to postpone vaccination until it is necessary by reason of presumed, apprehended or actual exposure to smallpox infection. Few experienced epidemiologists would be likely to agree to this for the following reasons.

Primary vaccination inevitably causes some reaction in the human body. It has been shown that such reactions tend to be more severe in older persons. In a small proportion of adults who are vaccinated, serious complications may occur such as encephalitis and these may be fatal. Recent work on congenital abnormalities has shown a relationship between these and virus infections in early pregnancy. The vaccinator must always bear in mind this risk when inducing vaccinia which is, after all a virus infection, in a female between the ages of 16 and 45. A further hazard has recently been added to adult vaccination — the aggravation of a virus infection in a patient who is taking drugs of the steroid group.

Having regard to all this, adult primary vaccination is not a procedure to be undertaken lightly. Indeed it is to be avoided except in circumstances where it has to be done as part of a calculated risk. For example, when smallpox is present in an area and it is necessary for the sake of both individuals and the community to raise the “herd immunity”, the risk of complications is equated against the risk of the spread of smallpox. On the other hand, re-vaccination is a relatively safe procedure and is attended with little risk. For this reason, all encouragement should be given to parents to have their children vaccinated during the period of greatest safety. In this case it would be correct to say that vaccination then is not only protection against smallpox but also protection against the risks attendant upon having to be vaccinated or even wanting to be vaccinated later in life.

The other point calling for comment is the marked increase in the number of persons vaccinated against poliomyelitis as compared with the previous year. This was achieved by drawing the attention of holidaymakers to the risk they would run should they encounter

inhabitants from an infected district in the course of a sojourn on the Lancashire coast. There is no doubt at all that the year's figures are highly satisfactory. It is therefore a very great pity indeed that exception to the summer anti-poliomyelitis campaign in Barnsley was taken on the other side of the Pennines. No apology is, however, offered. Any argument which penetrates the indolence of the community in its indifference to its own protection from serious disease is surely completely justified at the outset.

AMBULANCE SERVICE

National Health Service Act, 1946, S.27

The following report has been received from the Chief Fire and Ambulance Officer :

Arrangements with other Authorities

This authority continues to work most amicably with the Ambulance Service of the West Riding County Council.

By arrangement we undertake all infectious disease, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of their discharges from hospitals within the Borough back into the West Riding.

The financial arrangement made in 1964 was reviewed during the year and a slight adjustment made.

Other Authorities

With authorities other than the West Riding County Council, an approved scale of charges for ambulance transport undertaken by one authority on behalf of another is laid down.

These charges are reviewed from time to time, but no change has been made during the period under review.

Authority to Order Ambulances

Requests for the Ambulance Service are not normally accepted from the general public, but only from :—

Doctors
Hospitals
Institutions
Other authorised persons.

Emergency cases i.e. street or works accidents and maternity cases are accepted from any source.

Return of Ambulance Patients Conveyed

This return is shown on a monthly basis, sub-divided into ordinary calls undertaken for patients within the County Borough and for similar calls undertaken on behalf of other Authorities.

Figures for 1964 are given for the purpose of comparison.

MONTH	COUNTY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	Ordinary		Emergency		Totals		Ordinary		Emergency		Totals			
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965		
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965		
JANUARY	1826	1867	191	197	2017	2064	31	53	170	119	2187	2183		
FEBRUARY	1558	1726	190	151	1748	1877	43	41	148	94	1896	1971		
MARCH	1610	2285	207	198	1817	2483	37	43	106	109	1923	2592		
APRIL	1650	1719	204	153	1854	1872	45	43	124	105	1978	1977		
MAY	1480	2005	221	208	1701	2213	37	50	122	114	1823	2327		
JUNE	1686	1808	190	170	1876	1978	72	33	136	93	2012	2071		
JULY	1819	1880	197	178	2016	2058	67	42	134	104	2150	2162		
AUGUST	1516	1908	199	129	1715	2037	55	19	122	79	1837	2116		
SEPTEMBER	1580	2083	208	149	1788	2232	46	15	87	87	1875	2319		
OCTOBER	1839	2142	187	154	2026	2296	42	18	98	78	2124	2374		
NOVEMBER	1985	2307	201	184	2186	2491	59	18	138	84	2324	2575		
DECEMBER	1816	2061	229	179	2045	2240	66	38	131	111	2176	2351		
TOTALS	20365	23791	2424	2050	22789	25841	600	413	1516	1177	24305	27018		

Details of Patients Conveyed

The figure of 27,018 ordinary patients is an increase of 2,713 as compared with last year.

In the overall figure of patients conveyed there is an increase of 2,360 compared with last year (44,811 — 42,451).

The number of patients conveyed on behalf of the West Riding County Council and other authorities shows a decrease of 339.

To Hospitals etc. within the Borough

Beckett Hospital	.....	.....	.....	.....	.....	.....	.....	6541
St. Helen	.....	.....	.....	.....	.....	.....	.....	2259
Pindar Oaks	.....	.....	.....	.....	.....	.....	.....	147
Kendray	.....	.....	.....	.....	.....	.....	.....	999
New Street Clinic	.....	.....	.....	.....	.....	.....	.....	221
Queens Road Clinic	.....	.....	.....	.....	.....	.....	.....	2187
Lundwood Hospital	.....	.....	.....	.....	.....	.....	.....	34
Mount Vernon	.....	.....	.....	.....	.....	.....	.....	736
Others	.....	.....	.....	.....	.....	.....	.....	67

To Hospitals etc. out of the Borough

Penistone Annexe	.....	.....	.....	.....	.....	.....	.....	164
Sheffield	.....	.....	.....	.....	.....	.....	.....	2576
Wath	.....	.....	.....	.....	.....	.....	.....	152
Kirkburton	.....	.....	.....	.....	.....	.....	.....	45
Wakefield	.....	.....	.....	.....	.....	.....	.....	170
Mexborough	.....	.....	.....	.....	.....	.....	.....	30
Leeds	.....	.....	.....	.....	.....	.....	.....	25
Doncaster	.....	.....	.....	.....	.....	.....	.....	26
Others	.....	.....	.....	.....	.....	.....	.....	91

To Home Addresses within the County Borough from

Beckett Hospital	.....	.....	.....	.....	.....	.....	.....	5100
St. Helen	.....	.....	.....	.....	.....	.....	.....	593
Kendray	.....	.....	.....	.....	.....	.....	.....	185
New Street Clinic	.....	.....	.....	.....	.....	.....	.....	222
Queens Road Clinic	.....	.....	.....	.....	.....	.....	.....	1367
Mount Vernon	.....	.....	.....	.....	.....	.....	.....	542
Others	.....	.....	.....	.....	.....	.....	.....	9

To Home Addresses out of the Borough

West Riding	.....	.....	.....	.....	.....	.....	.....	1177
Others	.....	.....	.....	.....	.....	.....	.....	3

House to House Removals (Borough) 22

Journeys made—Patients not conveyed 1328

27018

Mentally Retarded Children conveyed 17680

Midwives conveyed 113

44811

The total number of journeys made to convey the 44,811 persons was 7,756 being an average of 5.8 patients per journey, which is roughly .95 higher than the figure for last year.

Mentally Subnormal Patients

Mentally subnormal patients continue to be taken by ambulance coach to and from the authority’s training Centre each day the Centre is open.

During the period under review the coaches made 1,132 journeys and carried 17,680 passengers, which shows a decrease of 457 journeys and a decrease of 328 passengers as compared with last year.

Vehicles

One coach was replaced during the year.

No major breakdowns occurred during the year, and there is no doubt that this was due in a very large measure to the routine attention given to the vehicles.

Mileage

During the year the fleet covered 134,057 miles on ambulance duties, made up as follows :—

Ambulances	.....	.....	.....	.....	.....	73,631
Ambulance Coaches	.....	.....	.....	.....	.....	49,606
Sitting Car	.....	.....	.....	.....	.....	10,820

For comparison purposes the figures for previous years were as follows :—

1959	.....	.....	.....	.....	.....	132,278
1960	.....	.....	.....	.....	.....	136,835
1961	.....	.....	.....	.....	.....	157,909
1962	.....	.....	.....	.....	.....	157,295
1963	.....	.....	.....	.....	.....	156,470
1964	.....	.....	.....	.....	.....	145,196

For the second year running the mileage covered is down by roughly 11,000 miles, and this is no doubt due to the efforts that have been made to save mileage by re-organising journeys.

Communications

Calls for the Ambulance Service by Doctors, members of the public and other authorised persons continue to be received chiefly on Barnsley 3366, or in case of emergency, through the ‘999’ system.

Direct lines are established between the Control Room and three hospitals, Becketts, St. Helen and Kendray.

Segregation of Services

Further steps were made during the year towards the eventual segregation of the two services.

Six men were recruited during the year, and at the 31st December, 1965, eighteen ambulance men were on the strength.

The authorised strength of the ambulance service is 24, and at the time of this report, the service is being operated by 18 ambulance men and 6 fire service personnel, who are all under the control of Fire Service Officers.

Further recruiting for the Ambulance Service will take place as and when opportunities arise.

Short Wave Radio

Short wave radio still continues to play a major part in the efficient running of the Ambulance Service.

This form of communication has proved a success since its initial inception, both operationally and economically, as it tends to reduce mileage, petrol consumption and time.

Accommodation

All vehicles are now housed at the ambulance garage at Broadway, with the exception of the emergency ambulance, which occupies a bay in the Fire Station appliance room.

First Aid Training

82 members of the Fire and Ambulance Service are qualified to render First Aid to the injured, and only men so qualified are allowed to perform ambulance duties.

A large proportion of the personnel are so proficient in this work that they are up to competition standard.

Conveyance of Midwives

The Service continues to place a sitting car at the disposal of the Medical Officer of Health for the conveyance of midwives during the non-working hours i.e.

Monday to Friday from 5.30 p.m. to 9 a.m. the following morning.

Saturday from 12 noon until 9 a.m. on Monday morning.

Public and Bank Holidays.

During the period under review 113 requests were dealt with, which is a reduction of 45 on the previous year.

Hearing Aids

At the request of the Medical Officer of Health, hearing aids are taken to Sheffield for repair and then returned to the local centre. Special journeys are not organised for this purpose, as the hearing aids are taken with the daily journeys to Sheffield Hospitals.

During 1965, 463 hearing aids were taken for repair.

Medical Officer of Health, Mental Health and Home Nursing

Arrangements continue with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a mental health welfare officer, or the Superintendent Home Nurse are required by a medical practitioner at those times when their office is closed i.e. weekends, Public and Bank Holidays, the call is accepted at the Control Room and passed to the appropriate officer with the minimum of delay.

Infectious Diseases

All cases to and from Kendray Hospital are now dealt with by ambulances stationed at the Ambulance Garage at Broadway.

Liaison with Hospitals

Liaison with all Hospitals and the Regional Hospital Board continues at a very high level, and any problems which may arise are discussed amicably. Both Mr. Nunn and Mr. Garrett continue to help in every way. Both are conscious of the need to keep the ambulance requirements down to a minimum.

Equipment

All ambulances are equipped with Resuscitation Apparatus and three "Minutemen" are now part of the modern equipment.

Blue Flashing Lights and Safety Straps

All ambulances are fitted with blue revolving lights to ensure speedier and safer transport of emergency cases, and certain vehicles are fitted with safety straps for both personnel and patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

The general overall arrangements made by the authority under this section of the Act were continued during 1965. Co-operation and co-ordination of effort between health visitors, home nurses, home helps, handicapped persons services, as well as with the welfare, mental health services and housing services continued. Pooling of the information of those who are likely to be in need of assistance of a medico-social nature proved to be beneficial, thus the health visitors were able to get on with the job of bringing to light cases requiring help whose need had hitherto been unknown to the health service.

Prevention of Illness — Tuberculosis

One notable omission from the arrangements as carried out over past years was the visit of the Sheffield Regional Hospital Board's Mass X-Ray Unit. Reference has been made each year to the fact that as far as the open sessions are concerned, the public makes insufficient use of the unit's visits. Attention has been paid to the various methods of persuading the public to attend. None of the various expedients employed succeeded in effecting a dramatic increase in attendance. Furthermore, the population groups making use of the sessions were not always those who would derive the greatest benefits from them. All these points were discussed with the Director of the Unit. Thought was given to the time of year at which the Unit had always in the past visited Barnsley — the autumn. It was decided to try a summer visit to ascertain whether this would meet with a better response. The visit of the Unit which would have been due in October, 1965 was therefore postponed until June, 1966.

Notified and known tuberculous patients are visited in their homes and arrangements for contact of these patients are made for them to attend the Chest Clinic. Children born into families where there is a history of tuberculosis are notified to the Chest Physician and arrangements made for them to receive B.C.G. vaccination as early as possible.

24 visits were made to Wathwood Hospital by a senior health visitor.

252 home visits to assess the home environment were made.

60 patients were visited on discharge from the hospital.

Barnsley patients are interviewed in the wards and their problems dealt with.

Vaccination against Tuberculosis — B.C.G.

The arrangements already in existence for vaccination against tuberculosis were continued during 1965. The work is done under the supervision of the Chest Physician and X-Ray control is applied to those children who have been vaccinated.

The figures for vaccination during the year are as follows :—

A. Contact Scheme (Ministry of Health Circular 19/64)						
Number skin tested	.....	.....	.....	.....	.....	118
Number found positive	.....	.....	.....	.....	.....	9
Number found negative	.....	.....	.....	.....	.....	104
Number vaccinated	.....	.....	.....	.....	.....	103
B. School Children and Students (Ministry of Health Circular 19/64)						
Number skin tested	.....	.....	.....	.....	.....	622
Number found positive	.....	.....	.....	.....	.....	147
Number found negative	.....	.....	.....	.....	.....	458
Number vaccinated	.....	.....	.....	.....	.....	457

It will be observed that these figures represent a very substantial increase over those reported for 1964. It will be recalled that this was forecast in last year's report.

Venereal Disease

Follow-up of contacts of persons suffering from venereal disease was continued as requested by the medical officer in charge of the Special Treatment Centre. As already noted in Part II of this report, there has been a continued decline in the incidence of venereal disease in Barnsley during the past few years. This is reflected in the reduction in the amount of work to be done in tracing contacts.

The figures for 1960 make an interesting comparison with those for 1965.

Gonorrhoea				1960	1965
New cases	.....	.....	.....	48	15
Syphilis					
New cases	.....	.....	.....	7	6

The medical officer to the Special Treatment Centre reports that there were no defaulters from treatment amongst the patients attending who gave addresses within the County Borough.

Care and After-Care

Geriatric Patients and Chronic Sick

Liaison with the hospital authorities, local authority services and voluntary organisations in the town is very close and every effort is made to assist the elderly citizens and their families. 1,640 visits were made to this age group by the health visitors during the year. Great concern is felt for the housebound patient, especially the ones who live alone and have no near relatives. Crises, especially during illness are particularly distressing to the elderly patient. All agencies are aware of the state of hypothermia which can become apparent during the extremely cold weather and of the quick action necessary to get medical and nursing attention to prevent tragic results.

Rehabilitation of patients suffering from cerebral accident requires a term of hospitalisation for intensive physiotherapy, speech training and occupational therapy as early as possible. Consequently, at the weekly meetings with the consultant geriatrician the rehabilitation problems of each individual geriatric patient are discussed before discharge from hospital. In this way the fullest use can be made of the resources available.

Hospital After-Care

Once a week, a senior health visitor visits the medical social worker at the hospital to discuss the discharged patients or those for discharge. The immediate follow-up of the patient on discharge from hospital is then done by the health visitor allocated to the area in which the patient

resides. Thereafter steps are taken to ensure that full use is made of the resources of the authority's services, such as home nursing and home help. Where necessary adequate communications are ensured between all those concerned with the patient. Exceptional services such as speech therapy and rehabilitative exercises may be arranged in the home following discharge from hospital.

After-Care of the Tuberculous

The great part of this work is undertaken by the Health Visiting Service. Visits are paid to the home on notification of a case and whilst undergoing hospital treatment, constant contact is maintained with the patient to ensure that as far as possible the social problems of his case receive adequate attention. As in previous years the follow-up of contacts has proved to be an exacting task, calling for considerable persistence and patience on the part of the health visiting staff. With B.C.G. vaccination of child contacts as with other forms of immunisation, a great deal of persuasion is necessary to ensure that the full course of procedures required for protection is completed without default.

Health Education

Throughout 1965 the authority's efforts at health education were continued on the lines described in previous reports. For the adult element of the population any opportunity to stimulate and hold the interest of small groups was taken. Speakers were provided and literature supplied on request. On the other hand, discretion was used in the extent to which exhortation of the kind usually associated with high pressure advertising was employed. The evidence that this kind of health education makes the sort of impact which will result in a lasting improvement in individual or family health is, to say the least of it, not very convincing. Consequently, it is considered preferable to expend the effort and resources available in those directions where their effects are more readily recognised. Help and advice along these lines would be more acceptable from National bodies interested in persuasion of the public towards health than the periodic bombardments with rather mediocre posters which are received from time to time.

The health visitors in their guise as school nurses hold classes each week in all senior schools where there are twelve to fourteen year old girls. There is liaison between the head teacher, domestic science and biology teacher to ensure that the syllabus is personal and stimulating. Films and film strips are used as the best means of visual impact, the accent being on personal hygiene, personal relationships and community responsibility. Group discussion is used, personal worries come to light and girls frequently seek private interviews with the nurse at the end of the class. Consideration is being given to extending this to primary schools where the children seem very receptive to simple instruction in hygiene.

Initial dental health education is carried out by both the dental officers and the dental auxiliary. This is done both in the schools and when children have occasion to visit the dental clinics. The children themselves would appear to be quite receptive. Unfortunately, however, parental indifference and apathy is difficult to overcome and in many cases it defeats all the efforts of the authority's staff. There is much to be said in favour of a statute which would authorise prosecution for neglect when parents fail to ensure adequate dental attention to their children. Unfortunately, in this democratic country, dental health consciousness is not yet sufficiently developed to support the passage through parliament of such a statute. In the meantime, it is, of course, possible to hope for the dawn of enlightenment whilst observing "full many a flower of dental wisdom being born to blush unseen and waste its sweetness on the desert air."

The Ministry of Health is concerned to know of progress made by local health authorities in anti-smoking health education aimed at reducing the incidence of lung cancer. In Barnsley during 1965, such opportunities as arose were taken to ensure that young people are aware of the relationship between lung cancer and smoking. It has been stated that to do this is the duty of the local authority and this duty has been done. Reference has been made to this point in previous reports. The opportunity is, however, taken of re-affirming the view that the task of leading the public away from the tobacco habit would be more effectively undertaken at a National level than by local health authorities. After all, the sales promotion and advertising of tobacco are done Nationally.

As regards health education in relation to venereal diseases, opportunities are taken to address suitable groups on the subject and posters are displayed from time to time. Reference to Part II of this report will reveal that venereal disease does not in fact constitute a serious problem in Barnsley.

As in previous years, assistance in health education was most gratefully received from the local press and the opportunity is taken here of acknowledging this.

The Corporation continues the annual subscription to the Central Council for Health Education. Use has been made of material provided by that body and also by the General Dental Council in relation to dental hygiene.

Chiropody

The arrangements for treatment remained unchanged during 1965. Mr. Aldam, the chiropodist, continued to attend for three sessions per week.

All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is available for old age pensioners, expectant mothers and physically handicapped persons.

A nurse from the Home Nursing Service is in attendance at all chiropody clinics. The home nurses are instructed that where foot care can be regarded as a normal nursing procedure it will be carried out by them. The chiropodist is a skilled member of a “profession supplementary to medicine” and his services should be reserved for those whose condition warrants a visit to him. Adequate nursing care to the feet should ensure that minor disabilities, such as over-long toe nails in the aged are prevented before chiropody is necessary.

A medical certificate is therefore required from the patient’s general practitioner before treatment is begun. The general practitioner may request the provision of transport for appropriate cases and the Ambulance Service is available for this purpose.

Number of treatment sessions — 149.

Category					First visits	Other attendances	Total
Old Age Pensioners					82	954	1,036
Expectant Mothers					—	—	—
Handicapped—							
Deaf					—	—	—
Blind					1	32	33
Physically					2	28	30
Total					85	1,014	1,099

Speech Therapy

4 adults were treated by the speech therapist during the year.

Audiometry

264 adults were given a hearing aid test at New Street Clinic.

Physiotherapy

16 adults were treated by the physiotherapist during the year, either in their homes or on clinic premises as part of the authority’s arrangements for hospital after-care.

HOME HELP SERVICE

National Health Service Act 1946, S.29

During the year 1965, 690 households received help, an overall increase of 24 cases on last year. The weekly case load at the end of 1965 was 568, an increase of 22 on last year. The waiting list number was 32 as against 10 in the previous year. This increase in the waiting list was largely due to the extensive sickness rate amongst the home helps.

This high level of absence, plus the additional leave granted last year to the home helps with five and twelve years' service resulted in the utmost difficulty in arranging relief help, except for the more urgent cases. However, help was provided in all cases where the need was urgent and genuine and only very few cases were refused help because the application received was not applicable to the Service. There are still a few people who, because they retire, feel that they are automatically entitled to the services of a home help. A home help ought not to be expected to arrive with the retirement pension. It is unfortunate that those who foster this belief do not accept that in their own interests they should be encouraged to care for themselves for as long as they are well enough to do so. It is most important for the aged to preserve their independence.

There were no major changes in the organisation of the service during the year under review. The number of organising staff has remained the same for the past twelve years in spite of rapid and wide expansion and the many other advances which have been made.

The job of a home help cannot be described in terms of glamour, nor does it rate a trade or profession, but to those who work "on the inside" and to those who are really "in need", there is no denying the importance of the Home Help Service in community care. Need does not necessarily go hand in hand with poverty. Today, some families are scattered, whilst others are not very concerned that their old folk may be suffering from the dreadful "disease" — loneliness. Many are so engrossed in caring for the younger generation that they find neither the time nor the "patience" to be interested in the frail and the aged. The duties of a good home help are not confined to household chores and shopping. Many of their patients are ill and in need of thought and sympathy as well as material and physical assistance in their homes.

Because of this growing need for the home help to take her place in the public health team, 1965 saw the development of an extended training course for the home helps in the Barnsley service. The course runs for one week and the first eight home helps began their training in January, 1965. During the year ten such courses have been arranged and these have proved to be of immense benefit and have been appreciated by all who have taken part in them. Home helps receive talks and practical demonstrations in home nursing, care of the aged, midwifery, mental illness, food handling, hygiene in the home, personal hygiene, care of uniform, food values and the planning and preparing of balanced meals on a limited income. The speakers include the medical officer of health, senior health visitor, home nurse, midwife, mental health officers and the home help organiser. Food values, cookery, etc. are covered by the Domestic Science Department of the College of Technology.

The success of the training course depends very largely on the co-operation of officers in the health, welfare and education departments. This co-operation so willingly and generously given, is acknowledged with gratitude by the organiser and her staff.

The work carried out by the Barnsley Home Help Service may be summarised in the following statistics.

Classification of cases attended during 1965

Aged 65 or over on 1st January, 1965	Aged under 65 on 1st visit in 1965				Total
	Chronic sick and T.B.	Mentally disordered	Maternity	Others	
616	47	7	11	9	690

Staff at 31st December, 1965 :

Organiser
2 Assistant Organisers
109 part-time Home Helps.

Some clerical assistance was afforded by health department clerks and typists.

Patients carried forward from 1964	.....	.....	.....	.....	546
New applications investigated Jan./Dec. (including 10 brought forward from 1964)	.....	.....	.....	.....	246
Patients carried forward to 1966	.....	.....	.....	.....	568
Waiting list (no. of cases)	.....	.....	.....	.....	32
Number of visits, enquiries and investigations made by the Organiser and Assistants during 1965	.....	.....	.....	.....	8850

Cost of Service

Financial year ended	Gross Cost			Income		
31st March, 1955	£16,850.	14.	1.	£501.	16.	10.
31st March, 1959	£29,256.	7.	6.	£1,370.	13.	4.
31st March, 1963	£32,169.	17.	1.	£5,123.	11.	2.
31st March, 1965	£37,330.	15.	11.	£5,702.	17.	2.
31st March, 1966	£40,329.	3.	7.	£6,197.	6.	9.

CARE OF THE AGED

National Health Service Act, 1946, S.28

National Assistance Act, 1948, S.21

Over the years attention has been given in some detail to the part the Health Department plays in the care of the aged. The weekly case conferences whereat the circumstances of those on the hospital geriatric waiting list have been reviewed and the problems of other aged persons have been examined have been described. These conferences were continued during 1965. At the same time their scope has been greatly enlarged and their usefulness extended. This is due to the action of the Sheffield Regional Hospital Board in at last appointing a consultant geriatrician to the Barnsley Hospital Group. The need for such an appointment was stressed time and time again in this series of reports. It is extremely gratifying to find that the thesis propounded so many times was indeed the correct one.

Attention has already been paid to this and in other reports to the social class composition of the Barnsley community and the way in which this affects the extent and quality of services which it is necessary that the health and welfare authority should provide. The availability of a consultant geriatrician who now meets and confers with the authority's officers at frequent and regular intervals has improved the co-ordination and co-operation between the local hospital and domiciliary services beyond all recognition.

Two problems, however, remain. The first is that there are simply not sufficient geriatric beds available to enable this new found co-ordination to operate to its fullest advantage. The "Hospital Plan" envisages the provision of additional beds at Mount Vernon Hospital in the somewhat distant future. If the requirements of Barnsley and district are to be met and if geriatrics in the area are to make positive progress rather than to consist entirely of effort expended to make up leeway, these beds must be provided now. Adequate grounds exist to justify this as a priority provision.

The other problem is the one which has been discussed year after year, that of the aged mentally disturbed. The need for a consultant psychiatrist with beds under his control and resident in Barnsley, has been stressed repeatedly. Representations to the Regional Hospital Board have so far produced no effective result. This is without doubt the most pressing health service need being suffered by Barnsley and nowhere is this need more apparent than with reference to psycho-geriatric patients. It must be recorded therefore that until the Regional Hospital Board sees fit to honour its statutory obligations with regard to consultant psychiatric services in Barnsley, both the local authority staff and the Board's own geriatric physician are unable to provide a full service for the aged and infirm. It would therefore be wrong to say that the service available is entirely satisfactory at present.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

National Assistance Act, 1948, S.47

National Assistance (Amendment) Act, 1951

No case arose during the year in which it was found necessary to consider action under S.47 of the National Assistance Act, 1948.

Consideration was given in several cases to invoking the powers conferred by this legislation. However, careful examination of the circumstances under which each of these arose indicated that the persons concerned would be more properly dealt with under the provisions of the Mental Health Act, 1959. This course was therefore followed. It seems likely that in future a high proportion of cases of this kind will call for care through the Mental Health Service rather than the simple statutory action authorised in this section of the Act.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangements whereby the Medical Officer of Health acts as co-ordinating officer in accordance with the Minister's suggestions as contained in Circular 48/50 was continued throughout the year. Meetings were held at appropriate intervals at which interested bodies and Corporation departments were represented. Information relating to all known individual families was circulated prior to the meetings and a full discussion took place on each case.

The preparation of this information, and the greater part of the routine supervision of families in need of it is carried out by the health visiting staff who paid a total of 2,032 special visits for this purpose to 35 families who from time to time have come to the notice of the co-ordinating officer.

These families are, of course, those which are described as "problem families" and their supervision presents the health visiting service with an extremely difficult task. In most cases the underlying cause is the subnormal intelligence of one or both parents. This prejudices their ability to accept normal responsibilities and to withstand the many temptations towards improvidence. These difficulties can well be aggravated when in an attempt to encourage them, they are moved from slum dwellings to modern council property. They fail to appreciate the necessity for providing for the higher rent consequent upon the higher standard of accommodation, thus they tend to build up a load of debt which in turn reflects upon the care of the children. A great deal of work remains to be done in relation to these families including a re-appraisal of the place they should be permitted to occupy in the structure of the community. Until this is done the local authority and its officers can do little more than apply to them all possible assistance and help in those places where it appears to be indicated. At the same time they must ensure that the fullest possible advantage is derived by the children from the modern system of education with a view to ensuring that they in turn do not reproduce problem families themselves.

The opportunity is taken here of acknowledging the assistance and co-operation in this work which is afforded by the probation officers and various voluntary bodies, notably the N.S.P.C.C. and the Salvation Army.

MEDICAL EXAMINATIONS

As in previous years, medical examinations for various purposes were carried out by the Corporation's medical officers (451 compared with 475 in 1964). The detail of the purposes of the examination is as follows :—

Child Delinquents	.....	.....	.....	.....	.....	.....	97
Boarded-out Children	.....	.....	.....	.....	.....	.....	79
Candidates for Training Colleges	.....	.....	.....	.....	.....	.....	29
Superannuation, Fitness for Employment	.....	.....	.....	.....	.....	.....	206
Police Force Recruits	.....	.....	.....	.....	.....	.....	27
Fire Service Recruits	.....	.....	.....	.....	.....	.....	13

PART IV

MENTAL HEALTH

There is, however, a limit at which forbearance ceases to be a virtue.

Observation on a Publication, 'The present state of the nation'.

Edmund Burke, 1728 — 1797.

The history of the local authority's attempt to develop a satisfactory Mental Health Service for Barnsley is little more than a recitation of repeated frustrations.

Attention has been drawn to the unsatisfactory nature of the arrangements for the mentally ill in previous reports, the worst feature of this situation being the fact that the Sheffield Regional Hospital Board have not appointed a psychiatrist with beds under his control to the Barnsley area and that in-patient psychiatric treatment is provided under an "ad hoc" arrangement with Storthes Hall Hospital — a Leeds Regional Board institution. This "ad hoc" arrangement is stated to be of a temporary nature. Apart from the difficulties which must inevitably arise from the admission of patients from an area technically outside the hospital's catchment area, this situation places the local authority in an extremely awkward position in respect of the organisation and development of its own services.

The Ministry of Health over the years has written and distributed numerous circulars regarding co-operation and co-ordination of hospital and local authority services. The Barnsley Local Health Authority is waiting for, and indeed beseeching the Regional Hospital Board to provide the basis of co-operation, in short the psychiatrist. In community care it is important that the field staff should conform both in training and qualification to the policy of the hospital psychiatrist which provides in-patient and out-patient treatment. Indeed, the whole concept of community care depends upon this. The authority has been waiting some five years to formulate a development policy which will be supplementary to that of the hospital's but as yet, there is no one on the hospital side who is in a position to offer consultation or advice on the long term needs of the area.

Similarly with the development of residential hostels for the rehabilitation and after-care of the formerly mentally disturbed. If such hostels are to fulfil any effective purpose, those using them must be under the supervision of the same psychiatric team who afforded them their in-patient treatment. Again, in the case of the mentally confused geriatric patient, the psychiatrist's views are necessary in the forward planning of residential accommodation. Attention has been drawn to this situation in previous reports and no apology whatsoever is being offered for doing so once again.

In the case of in-patient care of the mentally subnormal, the position in Barnsley is hardly more satisfactory. The difficulties which have been experienced in this field have also been ventilated freely in previous reports. Again, this arises from lack of provision of accommodation by bodies other than the health authority. During 1965 the position was noticeably easier, largely due to co-operation between St. Catherine's Hospital and the authority in utilising to their fullest capacity such short-term care arrangements as it was found possible for the hospital to make.

In Circular 1/66, para. 7(f), the Ministry of Health asks for detailed information regarding the development of mental health services, particularly the training of the mentally subnormal. The other mental health services have already been considered. The detail the ministry asks for is as follows :

The authority's plan to develop the training of the mentally subnormal was as follows. First, it was and still is prepared to provide an adult training centre of some 80 places. This is to be followed by the provision of a purpose built junior training centre which will embody a special care unit. These two projects will replace the present junior training centre (which, incidentally, cares on a part time basis for a limited number of over 16-year-old subnormals). It was hoped to use certain experience to be gained from the handicapped persons sheltered workshop in the planning and organisation of the adult training centre. Consequent upon this the project was phased to be commenced at about the time the sheltered workshop would come into use. Steps were therefore taken in 1962 to prepare plans for this building and a preliminary approach was made to the Ministry of Health for approval of the scheme.

In order to hasten the project the ministry's building notes were followed scrupulously and special consultations with the officers of the ministry took place to ensure that all details of the plans were agreed. Following this, preparation of bills of quantity, etc. was proceeded with and tenders were invited towards the end of 1964. These were received and one was accepted in February, 1965. The Ministry of Health was then asked to approve loan sanction.

In view of the consultations which had previously taken place and the efforts made by the council's officers to ensure that the plans conformed in every way to the wishes of the Minister's advisers, it was confidently expected that this would be a matter of form. It must be emphasised here that these consultations and discussions had been undertaken with the object of ensuring provision of an adult training centre for Barnsley with a minimum of delay. So satisfied were all concerned of the urgency of the need of this project, there was some surprise when the local authority's officers found themselves bidden once again to the Ministry of Health in London on April 8th, 1965. This surprise was even greater when it was found that certain alterations in the plans might be necessary before loan sanction might be granted.

These alterations were made as quickly as possible. It is worthy of note that some of these changes related to certain sanitary accommodation which had originally been arranged expressly to conform to suggestions made in previous consultations.

Again, the authority's officers considered that further discussion might only cause more delay. It was clear that the alterations suggested would not materially change the scheme for running or administering the centre. They were therefore agreed to without further argument in order to get on with the job.

A letter was received by the Town Clerk on 19th May stating that the ministry would recommend the necessary loan sanction subject to the provision of certain details regarding the council's direct labour organisation who had successfully tendered for the project. These details were supplied. Before an answer was received from the ministry, the Chancellor of the Exchequer had made his statement on 27th July, 1965 imposing a nominal six months' delay to loan sanctions on certain projects involving local authority expenditure. The Council pointed out that this deferment ought not to apply to the Barnsley adult training centre in view of the fact that the local authority had complied in every way with everything the Ministry of Health had asked and had in fact sought loan sanction as early as February, 1965.

Despite these representations, the full measure of deferment contained in the Ministry of Health Circular 20/65 was applied and formal loan sanction was not received until 21st February, 1966. The result of this is that the subnormals in Barnsley have been deprived of training facilities for a period of eleven months.

It is felt that in view of the instructions in Circular 1/66, the facts relating to this matter should be recorded briefly in order to ensure that it is clearly understood that this delay in development is entirely beyond the control of the local authority. In fact it would be true to say that it has taken place in face of all the efforts of the authority's officers to avoid it. Frustration is perhaps not too strong a word to apply to the feelings that have been engendered in dealing with this project.

The authority has also projected a new junior training centre and special care unit. The Barnsley Branch of the Spastics Society some years ago erected and opened a "day nursery" for severely handicapped children. This they have run as a voluntary undertaking and have catered for a small number of children who are suffering from cerebral palsy and who are residents both of the County Borough and of surrounding County areas. When the Spastics Society planned this day nursery they were advised by the Council of the intention to provide fully for all categories of handicapped children but the Society felt that they would prefer to go ahead with their own voluntary scheme. This they did.

In 1964 the Barnsley Branch of the Spastics Society approached the health authority and made an offer to hand their day nursery over to the council as a gift. The day nursery was examined by the council's officers who felt that it could well be adapted to form a combined special care unit and assessment unit and that with the land available alongside, the junior training centre project might be developed here instead of on the site originally proposed at Broadway. This was felt to be the best solution to the problem of continuing to use the building for the purpose for which it was provided and at the same time integrating it into the authority's comprehensive scheme for the assessment and care of mentally subnormal and handicapped children. Accordingly, the original scheme to follow on the development of the adult training centre some year or so later with a junior training centre at the Broadway estate was deferred pending the negotiations for the transfer of the "spastics day nursery" and adjacent land to the council.

It must be stated here that it was felt that a purpose designed centre with attached special care and assessment unit would be preferable in many ways. On the other hand, if the special care element of the building were donated to the council, there would be no justification of duplicating it and while the site in Rotherham Road might not have been the one the council's officers would choose, a gift of the land involved would be most welcome. Further planning of the projected junior training centre was therefore stayed until it would be clear how the gift of the Spastics Society could be integrated into the project.

Negotiations for the transfer of the building and the land continued and became prolonged. It became clear that the Barnsley Branch of the Spastics Society would be obliged to consult the Charity Commissioners. Ultimately, when the results of these consultations became known they threw doubt on the legal ability of the Society to convey the premises and land absolutely to the corporation as a gift. It would seem that to ensure a perfect title it would have been necessary for the Council to pay full market value for both the site and the building.

In view of the fact that the corporation is already in possession of a site which is earmarked for the junior training centre, furthermore the adaptation of the existing day nursery could hardly be regarded as being quite as satisfactory an arrangement as a special care unit which would be part of the training centre and specially designed as such, the council therefore felt there was no alternative but to thank the Barnsley Branch of the Spastics Society for the offer which had been made and to revert to the original plan to provide all training facilities for subnormals on the Broadway estate.

Some delay in development has undoubtedly arisen as a result of these negotiations. It is, however, difficult to see how this could have been avoided. The authority could hardly have done other than welcome the offer of the Barnsley Branch of the Spastics Society and co-operate to find a means of using the property concerned to the best advantage of those suffering from handicaps in the area. In the event the outcome

of the consultations with the Charity Commissioners, time consuming as they were, proved the prudence of undertaking them. So delay in development of the junior training centre has also occurred but from causes which are beyond the control of the authority.

These facts are recorded as were those relative to the adult training centre in response to the request in Circular 1/66. Incidentally, it is to be hoped that those who may have found it necessary to level criticism at the Barnsley Health Authority for dilatoriness in developing training facilities for the mentally subnormal will study all these facts. It is suggested that having done so, should they still wish to express criticism, they might bear them in mind.

The mental health work in the community continued throughout 1965 on patterns similar to those described in previous reports. The mental welfare officers continued to carry out care and after-care visits as in the past and from time to time attended case conferences at Storthes Hall Hospital. One medical officer and the mental health officers continued to attend the psychiatric out-patients department at Beckett Hospital. The two female mental health officers have worked closely with the Child Psychiatrist at the Child Guidance Centre and have found this a most rewarding field of family mental health. In addition, the trainee mental welfare assistants have been employed in various aspects of case work and have made progress towards becoming useful members of the mental health team.

(1) Administration

- (a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons Sub-Committee of the Health Committee. This sub-committee on which no co-opted members sit consists of 9 members, three of whom are women. The sub-committee meets monthly.

- (b) Number and qualifications of the staff :

The Medical Officer of Health,

The Deputy Medical Officer of Health,

The two Senior Clinical Assistant Medical Officers are approved for the purposes of S.28 of the Mental Health Act, 1959.

The health authority has an establishment of 3 Mental Health Officers and 2 Mental Welfare Assistants.

3 Mental Health Officers were in post at the end of the year. One Mental Welfare Assistant resigned to train as a Mental Welfare Officer and the other resigned to take up an appointment with another authority. Two Mental Health Officers are State Registered Nurses and hold the Health Visitors' Certificate and the other is a Registered Mental Nurse.

The Junior Training Centre was available for children and young persons suffering from mental subnormality as a whole time centre through 1965. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition six untrained assistants. The internal administration of the centre is carried out by the Supervisor under the direction of the Medical Officer of Health.

(c) A consultant psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at Beckett Hospital. The Mental Health Officers attend with patients at this psychiatric clinic as occasion demands. A consultant child psychiatrist employed by the Regional Hospital Board attends at the Child Guidance Centre, Athersley, for three sessions weekly. There are no officers jointly employed by the local authority and the Regional Hospital Board. After-care of patients discharged from mental hospitals or institutions is carried out as required by the Deputy Medical Officer of Health and by Mental Health Officers.

(d) No duties are delegated to voluntary associations.

(2) Work undertaken in the community :

(a) Under section 28 of the National Health Service Act, 1946 —

Prevention of Illness, Care and After-Care

This was done by visitation by the Mental Health Officers and also by the authority's Health Visitors. By this means, efforts are made to persuade patients to attend the psychiatric out-patients clinics held by the Regional Hospital Board. The Mental Health Officers usually go with them and ascertain the nature of the advice. In this way it is possible to ensure that adequate supervision and assistance is available in cases where preventive measures are likely to be of value.

(b) **Under the Mental Health Act, 1959 —**

I Mental Illness

The number of cases investigated by Mental Health Officers is shown in tabular form on page 69.

In addition to visits to patients requiring admission to hospital the Mental Health Officers also made 1,484 after-care visits to patients who had been discharged from hospital and 257 visits to patients who did not require admission to hospital.

II Mental Subnormality

The diagnosis and notification of new cases proceeded throughout the year in conjunction with the School Health Service for the care of young children and otherwise.

The mentally subnormal who remain in the community are supervised by the Mental Health Officers and 701 visits to homes were paid for this purpose during the year. At present there are no cases under guardianship in the County Borough.

Training

The authority maintains a junior training centre in Pitt Street. 80 places are available.

Though the centre is nominally a junior training centre, facilities have been made available for adults to attend on a part-time basis several afternoons a week pending the opening of an adult training centre.

The Junior Training Centre

A total of 58 trainees attended the centre whole time during 1965 and 16 attended part time, making a total of 74. This represents an increase of 1 when compared with the figures for 1964.

Work carried out by the Building Department at the centre included the re-decorating of classrooms 3, 4, 5 and 6.

The curriculum remained substantially the same as in 1964. A new project was tried out, namely the staff taking the children out into the town on various social visits and this they seem to enjoy and derive benefit from. The trainees attending part time received instruction in a wide range of handicrafts.

A Harvest Thanksgiving Service was held on 16th October and was well attended by parents and friends, the gifts of flowers, fruit and vegetables being given to two homes for the aged. A Carol Service and Open Day was held on the 14th December and this was also well supported by parents.

As is usual, two day outings to Cleethorpes were organised in June in which 60 adults and children took part. The local authority's parties were held in December and a visit to the local pantomime was also arranged.

A member of the staff attended a refresher course at Nelson Hall, Stafford, organised by the Staffordshire County Council.

The centre continues to provide practical training for students undertaking the Diploma Course for teachers of the mentally handicapped and is recognised for this purpose by the National Association for Mental Health.

Meetings of the Parent-Teacher Association were held once each term throughout the year.

No. of persons on register :

	Males		Females		Total		Grand Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
Attending full-time	15	15	13	15	28	30	58
Attending part-time	—	6	—	10	—	16	16

Average full-time attendance :

Boys under 16 years of age	7.80
Boys over 16 years of age	11.60
Girls under 16 years of age	9.20
Girls over 16 years of age	10.10

Average part-time attendance :

Boys under 16 years of age	—
Boys over 16 years of age	4.40
Girls under 16 years of age	—
Girls over 16 years of age	8.00

Dinners :

No. of children receiving and paying for dinners (1/- each)	51
No. of children receiving free dinners	7
Total number having dinners	58
No. of dinners provided for children — paid (1/-)	8,360
No. of dinners provided for children — free	943
No. of dinners provided for staff — paid	—
No. of dinners provided for staff — free	428
Total No. of dinners provided	9,303
No. of $\frac{1}{3}$ pt. bottles of milk delivered for children	7,580

Analysis of Patients Visited

	Males	Females	Total
Patients visited after treatment in Psychiatric Hospitals, after-care visits	610	874	1,484
Patients reported mentally ill, pre-care visits	78	179	257
Visits made re patients in Psychiatric Hospitals and to patients on week-end leave	30	63	93
Visits made to subnormal and severely subnormal patients (including the educationally subnormal)	398	303	701
Persons interviewed in the office and the problem dealt with, thus obviating home visit	35	55	90
Total	1,151	1,474	2,625

No. of patients returned to Psychiatric Hospitals having absconded while on "Compulsory Order"

	Males	Females
Mentally ill	3	3
Section 60, Subnormal (absconded twice)	1	—
	4	3

Analysis of cases investigated and dealt with by the Mental Health during the year, 1965

Mental Health Act 1959

	Males	Females	Total
Section 5—informal admission			
First admission to Psychiatric Hospital	9	13	22
Additional admission to Psychiatric Hospital	19	21	40
Section 29—Compulsory admission (emergency) for observation for a period not exceeding 72 hours.			
First admission to Psychiatric Hospital	4	3	7
Additional admission to Psychiatric Hospital	9	13	22
Section 25—Compulsory admission for observation for a period not exceeding 28 days.			
First admission	2	2	4
Additional admission	3	8	11
Section 26—Compulsory admission for treatment.			
First admission	—	—	—
Additional admission	1	1	2
Section 60—By Order of the Magistrates Court.			
Mentally ill (First admission)	1	—	1
Subnormal (First admission)	1	—	1
	49	61	110

One guardianship case was transferred into the County Borough from the West Riding area, following a satisfactory period after marriage was allowed to lapse at the end of the first year.

West Riding cases admitted to Storthes Hall Hospital from Beckett Hospital

	Males	Females	Total
Section 5—First admission to Psychiatric Hospital	1	—	1
Additional admission to Psychiatric Hospital	—	3	3
Section 29—First admission to Psychiatric Hospital	1	1	2
Additional admission to Psychiatric Hospital	1	1	2
Section 25—First admission to Psychiatric Hospital	—	1	1
	3	6	9

**No. of patients over 65 years of age (included in the analysis of cases)
who were admitted to Psychiatric Hospitals during the year 1965**

	Males	Females	Total
Section 5—First admission to Psychiatric Hospital	2	5	7
Additional admission to Psychiatric Hospital	—	2	2
Section 29—First admission to Psychiatric Hospital	—	2	2
Additional admission to Psychiatric Hospital	—	1	1
	2	10	12

Number of patients known to have been discharged during the twelve months

Mentally ill

	Males	Females
Storthes Hall Hospital (includes St. Luke's Psychiatric Unit)	50	53
Stanley Royd Hospital	1	—
West Riding cases from Storthes Hall	2	5
	53	58

Subnormal and severely subnormal

	Males	Females
St. Catherine's Hospital	2	—
Balderton Hospital (Transferred to St. Catherine's)	1	—
Glengate Hospital (Transferred to St. Catherine's)	1	—
Rampton (Special Hospital) (Transferred to St. Catherine's)	1	—
	5	—

Deaths during the twelve months ended 31st December, 1965

Mentally ill

Storthes Hall Hospital	2	10
Stanley Royd Hospital	1	—
	3	10

Subnormal and severely subnormal

St. Catherine's Hospital	2	—
--------------------------------	---	---

**Number of patients known to be in Psychiatric Hospitals on the
1st January, 1966**

	Males	Females
Storthes Hall Hospital, Nr. Huddersfield	60	65
St. Luke's (Psychiatric Unit) Huddersfield	1	—
Stanley Royd Hospital, Wakefield	2	5
Menston Hospital, Ilkley, Nr. Leeds	3	—
Runwell Hospital, Nr. Wickford	1	1
Cheadle Royal Hospital, Cheshire (private patient)	—	1
	67	72

**Included in the above number of patients in hospital on 1st January,
are the following who are over 65 years of age**

	Males	Females
Storthes Hall Hospital	13	21
Stanley Royd Hospital	—	3
Menston Hospital	1	—
	14	24

Subnormal and severely subnormal

	Males	Females
St. Catherine's, Doncaster	40	43
Glenfrith Hospital, Leicester	2	—
Grenoside Hospital, Sheffield	1	—
Lisieux Hall Hospital, Nr. Chorley	1	—
Dronfield Hospital, Nr. Chesterfield	1	—
Balderton Hospital, Nr. Newark	1	—
Aston Hall Hospital, Nr. Derby	2	2
Ridgeway Hospital, Nr. Belper	1	—
Rampton (Special Hospital)	1	—
St. Joseph's Home, Sheffield	—	1
Meanwood Park, Leeds	1	—
	51	46

Position regarding patients in psychiatric hospitals.
Number of patients known to be in Psychiatric Hospitals on the
1st January, 1965

Mentally ill

	Males	Females
Storthes Hall Hospital, Nr. Huddersfield	61	66
Stanley Royd Hospital, Wakefield	4	7
Menston Hospital, Ilkley, Nr. Leeds	4	1
Runwell Hospital, Nr. Wickford	1	1
Cheadle Royal Hospital, Cheshire (private patient)	—	1
	<hr/> 70	<hr/> 76

Sub-normal and severely sub-normal

	Males	Females
St. Catherine's, Doncaster	38	41
Glenfrith Hospital, Leicester	1	—
"Glengate", Branch of Glenfrith	1	—
Grenoside Hospital, Sheffield	1	—
Lisieux Hall Hospital, Nr. Chorley	1	—
Dronfield Hospital, Nr. Chesterfield	1	—
Balderton Hospital, Nr. Newark	2	—
Aston Hall Hospital, Nr. Derby	2	2
Ridgeway Hospital, Belper	1	—
Rampton, Nr. Retford (Special Hospital)	2	—
Meanwood Park Hospital, Leeds	1	—
St. Joseph's Home, Sheffield	—	1
	<hr/> 51	<hr/> 44

Number of patients known to have been admitted to Psychiatric Hospitals during the twelve months ended on the 31st December, 1965

Mentally ill

	Males	Females
Storthes Hall Hospital — first admission	15	18
Storthes Hall Hospital — had previous admission	32	43
Stanley Royd Hospital — first admission	1	—
West Riding cases (Admitted to Storthes Hall Hospital from Beckett Hospital)	3	6
	<hr/> 51	<hr/> 67

Subnormal and severely subnormal

	Males	Females
St. Catherine's Hospital, Doncaster	3	4
St. Catherine's Hospital, — transfer from Balderton Hospital	1	—
St. Catherine's Hospital, — transfer from Rampton (Special Hospital)	1	—
St. Catherine's Hospital, — transfer from Glengate Hospital	1	—
“Glengate”, Branch of Glenfrith Hospital (Section 60 by order of the Magistrates Court)	1	—
Wales Court, Kiveton Park, Sheffield	—	1
	7	5

Subnormal and severely subnormal

Patients who have been admitted to hospital for a short stay period

	Males	Females
Thundercliffe Grange	1	1
(repeated admission for short stay period)	—	1
Dronfield Hospital	1	—
(repeated admission for short stay period)	1	—
Ridgeway Hospital	1	—
Aston Hall	1	—
St. Catherine's	10	11
(repeated admission for short stay period)	3	5
	18	18

MENTAL HEALTH ACT, 1959

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31/12/65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Total number under guardianship at 31/12/65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Number of patients under L.H.A. care at 31/12/65	—	—	78	137	—	—	1	—	—	3	64	54	20	14	56	56	37	230	483
(a) Total number	—	—	—	—	—	—	—	—	—	—	—	4	15	12	21	25	27	50	77
(b) Attending day training centre Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
(d) Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. Home/Hostel	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—	3	—	3	8
Awaiting residence in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/ hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
(f) Receiving home visits and included under (b) to (e)	—	—	69	125	—	—	—	—	—	3	64	50	5	1	34	28	6	112	379

Mental Health Act, 1959—continued

	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16	16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
4. Number of patients in L.H.A. area on waiting list for admission to hospital at 31/12/65																			
(a) in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	3	1	3	2	4	5	9
(b) not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	3	—	—	1	—	2	1	5	6
5. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	13	3	5	12	16	17	33
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

**Waiting List of Subnormal and Severely Subnormal
patients as at 31st December, 1965**

				URGENT				NON-URGENT				TOTAL
				Under 16 years		16 years and over		Under 16 years		16 years and over		
				M	F	M	F	M	F	M	F	
Severely Sub-normal:												
(a) "Cot and Chair"				—	—	—	—	—	—	—	—	—
(b) "Ambulant"				3	1	3	2	—	1	—	2	12
Sub-normal				—	—	—	—	—	—	3	—	3
Total				3	1	3	2	—	1	3	2	15

PART V

THE HANDICAPPED

A man must make his opportunity, as oft as find it.

Advancement of Learning, bk. II xxii. 3
Francis Bacon, 1561 — 1626.

The authority's policy of encouraging in every way the handicapped to make opportunities for themselves was continued throughout the year, the principal event of note being the opening of the long awaited sheltered workshop. Reference has been made to this project in the annual reports for a number of years past and it is indeed a matter of satisfaction to be able to record its existence as an accomplished fact.

The workshop which has been named Barnsley Light Industries is administered as a separate Corporation department and provides sheltered employment for suitable handicapped persons. A report on the work done contributed by the manager will be found in the pages which follow. The opening of Barnsley Light Industries marks the completion of the first phase of the authority's scheme for providing for the handicapped and will be followed by the provision of the Social Centre and Administrative Offices on the adjacent site. Progress towards this was made during the year when the authority approved for submission to the Ministry of Health a plan prepared by the architect specially appointed for the project. This building will replace the premises in Pitt Street, the temporary social centre in the old ambulance garage in Westgate and St. Augustine's Hall by bringing all the facilities under one roof. It will provide a much more efficient service than that which exists at present and will offer a wider scope of activities to all categories of the handicapped.

It is to be hoped that the authority suffers less frustration and delay in this project than has been encountered in providing for the mentally subnormal.

WELFARE OF THE BLIND

The Barnsley Corporation provides blind welfare services for the County Borough Area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provides these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The Medical Officer of Health is the Superintendent of the Welfare Services for the Handicapped and the day to day administration of the Blind Welfare Service forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. Four Home Teachers of the Blind (two of whom are registered blind persons) are also appointed for the purpose of visiting blind persons in their homes, teaching braille and moon, organising social activities and encouraging pastime handicraft work, attending to the additional grants payable by

the National Assistance Board to blind persons and generally assisting blind persons in every way possible. Each home teacher is allocated his or her particular district and each Officer's case load of blind and partially sighted persons is made as equal as possible. In view of the impending retirement of one of the certificated home teachers of the blind, an appointment of a trainee home teacher of the blind was made during the early part of 1965 and it is intended that this trainee home teacher will undertake the Training Course organised by the North Regional Association for the Blind for the Home Teacher's Certificate.

Blind Population at the end of 1965

The number of registered blind persons under the care of the Department as at the end of 1965 is reproduced as follows from the Form B.D.9 (Annual Return to the Ministry of Health).

		Barnsley Area			West Riding Area		
		Males	Females	Total	Males	Females	Total
Under 5	.....	—	1	1	1	—	1
5—15	.....	4	—	4	1	4	5
16—20	.....	1	3	4	1	1	2
21—49	.....	14	7	21	14	15	29
50—64	.....	18	18	36	24	25	49
65 and over	.....	39	71	110	67	128	195
		—	—	—	—	—	—
		76	100	176	108	173	281
		—	—	—	—	—	—

In the Barnsley area 32 new cases were registered as blind and 3 cases removed into the area. 18 deaths occurred, 3 persons removed out of the area, thus making an increase of 14 for the year.

In the West Riding area, subject to supervision by agency arrangements, 48 new cases were registered as blind and 10 persons removed into the area. 28 deaths occurred among those previously registered blind. There were 15 removals out of the area and no persons were decertified. The number on the register therefore shows a net increase of 15.

Prevention and Incidence of Blindness

During the year 2 children under ten years of age were registered as blind in the Barnsley area. It is noteworthy that out of a total of 48 new cases registered in the West Riding area, no less than 37 were over the age of 65 years. In the Barnsley area, out of a total of 32 new cases no less than 22 were over the age of 65 years. These figures follow the national trend, where statistics show that a vast majority of newly registered blind persons are over 65 years of age.

Close co-operation is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially with regard to the follow-up of patients under-going treatment and recommended for treatment or surgical operations. The home teachers of the blind establish a link between the blind persons concerned and the hospital authorities and systematically follow-up all the cases admitted to the blind register or the register of partially sighted persons, where hospital treatment is recommended on Form B.D.8 by the Ophthalmic Surgeon.

Arrangements are made for such persons who are 'not blind' within the definition of blindness laid down in the National Assistance Act, 1948, but who are nevertheless substantially and permanently handicapped by congenitally defective vision of a substantially and permanently handicapping character, to be included in a special register under the classification of "Register of Partially Sighted Persons". Such persons are provided with the same welfare services as those available for blind persons. Classification in age groups of the partially sighted persons is given below as reproduced from the Form B.D.9 (a) which is the Annual Report submitted to the Ministry of Health.

		Barnsley Area			West Riding Area		
		Males	Females	Total	Males	Females	Total
Under 5	.....	1	1	2	1	—	1
5—15	.....	4	1	5	5	3	8
16—20	.....	3	3	6	0	3	3
21—49	.....	5	5	10	7	3	10
50—64	.....	6	8	14	5	2	7
65 and over	.....	15	24	39	22	37	59
		—	—	—	—	—	—
		34	42	76	40	48	88
		—	—	—	—	—	—

CAUSE OF BLINDNESS — Newly Registered Blind Persons

							Barnsley	West Riding
Congenital	.....	.....	.....	.....	.....	.....	1	—
Myopic Error	.....	.....	.....	.....	.....	.....	1	3
Cataract	.....	.....	.....	.....	.....	.....	10	17
Detachment of Retina	.....	.....	.....	.....	.....	.....	—	1
Infectious diseases	.....	.....	.....	.....	.....	.....	—	—
Glaucoma	.....	.....	.....	.....	.....	.....	4	11
Retrolental Fibroplasia	.....	.....	.....	.....	.....	.....	—	—
General Diseases	.....	.....	.....	.....	.....	.....	16	15
							—	—
							32	47
							—	—

Follow-up of Registered Blind and Partially Sighted Persons

Barnsley Area

	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec. F. (i) of Form B.D.8. recommends :—					
(a) No treatment	7	1	—	14	22
(b) Surgical, medical or optical treatment	10	5	—	12	27
Number of cases (i) (b) which on follow-up action have received treatment	2	6	—	6	14

Note :

Refusals	1	—	—	—	1
Waiting	7	—	—	5	12

West Riding County Council

	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
Number of new cases registered which Sec. F. (i) of Form B.D.8. recommends :—					
(a) No treatment	10	11	—	18	39
(b) Surgical, medical or optical treatment	17	12	—	19	48
Number of cases (i) (b) which on follow-up action have received treatment	6	12	—	16	34

Note :

Refusals	2	—	—	—	2
Waiting	9	—	—	3	12

2 Deceased before treatment.

Ophthalmia Neonatorum

No case of Ophthalmia Neonatorum was notified in 1965.

Classification of the Blind

	Barnsley		West Riding	
	Males	Females	Males	Females
Unemployed	63	94	98	168
Unemployed but employable	7	1	6	2
Employed as wage earners	8	4	7	—
Not available for employment house-hold duties etc.	4	17	13	28
Trained but unemployed	—	—	1	1
In training	—	1	1	—
At school	1	—	2	3
Not at school	—	—	—	1
In Blind Homes, Hospitals and Part III Accommodation	8	8	7	21
	—	—	—	—
	91	125	135	224
	—	—	—	—

Training and Rehabilitation

A registered blind youth living in the West Riding was admitted to the Harbourne Residential Assessment Centre, Birmingham on the 12th January, 1965, and following successful completion of this Course has now been placed in employment at the National Twist Drill, Sheffield.

A Barnsley partially sighted youth was admitted to the Torquay Industrial Rehabilitation Unit on the 25th February, 1965 and returned from this Course on the 20th May, 1965. He has subsequently been placed in employment as a Furniture Van Driver's Assistant.

A West Riding registered blind person was also admitted to the Industrial Rehabilitation Unit at Torquay on the 8th July, 1965, and completed this Course in September, 1965. The Blind Persons' Disablement Resettlement Officer has successfully obtained employment for this registered blind person at York, following a successful short course in light engineering at Letchworth.

During the year a Barnsley registered blind man, whose onset of blindness was sudden, applied for a Course of Social Rehabilitation at the Royal National Institute for the Blind Rehabilitation Centre, Oldbury Grange, Bridgnorth, Shropshire, and was duly admitted to this Centre on the 11th January, 1966.

The arrangements which had been made during the previous year with the Barnsley College of Technology for a male blind person to receive individual tuition in typewriting at his home continued during the year. This blind person is successfully and satisfactorily holding a job as a telephone switchboard operator at a local colliery.

When the new Centre for all handicapped persons is erected on the Broadway site, it is hoped that rehabilitation facilities, in the way of specially adapted kitchens for blind housewives, and more advanced forms of handicrafts will be available for the benefit of newly registered blind persons.

Placement of Blind Persons in Open Industry

The Ministry of Labour continued during the year to provide the placement services for the blind in Barnsley and District through their Blind Persons' Resettlement Officer.

On form B.D.9 in respect of the County Borough Area, it was notified that there were 7 males and 2 females who were unemployed or undergoing training and who required employment. Similarly in the West Riding Area, covered by agency arrangements with the West Riding County Council, it was notified on Form B.D.9. that there were 6 males and 1 female unemployed and capable for work.

During 1965 the Blind Persons' Resettlement Officer placed two blind and one partially sighted person in open industry.

The West Riding County Council employ, on their Welfare Staff, an Employment Officer who collaborates with the Ministry of Labour Blind Persons' Resettlement Officer, in relation to those blind and partially sighted persons in the West Riding area served by Agency Agreement by this Department.

Home Workers Scheme

No blind persons are employed under the Home Workers Scheme in the Barnsley County Borough Area. In the West Riding Area one male blind person is employed in Home Workers Schemes, as a newspaper seller.

Types of Employment of Blind Persons

	Barnsley		West Riding	
	Males	Females	Males	Females
Basket Maker	1	—	—	—
Home Teachers	2	—	—	—
Machine Knitters	—	4	—	—
Masseur	1	—	—	—
Labourer	1	—	2	—
Piano Tuner	—	—	—	—
Telephone Operator	—	—	1	—
Brushmaker	—	—	1	—
Matmaker	—	—	1	—
Others Employed	3	—	2	—
	<hr/>	<hr/>	<hr/>	<hr/>
	8	4	7	—
	<hr/>	<hr/>	<hr/>	<hr/>

Home Teaching Service

The North Regional Association for the Blind continue to second student home teachers to this department for training. This authority is always happy to co-operate with the Association in helping in the training of home teachers of the blind.

During 1965 a Weekend School was organised by the North Regional Association for the Blind for home teachers from the 30th April to the 3rd May, 1965, and the Course was held at Scarborough. This proved an excellent and useful refresher course for the home teachers from this authority who were authorised to take part.

The North Regional Association for the Blind held their Meeting for home teachers at Manchester on the 18th March, 1965, and these meetings have always proved a useful point of contact for home teachers employed in the Northern Region.

A special course on 'The Eye' was also organised by the North Regional Association for the Blind for a weekend, 28th to the 29th May, and one home teacher from this authority attended and reported that it had been an excellent and informative Course. A Refresher Course in Handicrafts was also organised by the North Regional Association for the Blind and held in Leeds from the 1st to the 5th November, 1965, and the home teacher from this authority attended and gained useful knowledge.

Four home teachers, two female sighted and two male registered blind persons, are employed for the purpose of visiting blind persons in their homes, to discover and ascertain the needs of new cases, teaching braille and moon, organising social activities and other activities, arranging and teaching pastime handicrafts and providing general welfare services for the blind. Similar welfare services are provided for partially sighted persons and as many partially sighted persons are subsequently certified blind, the home teacher is already well aware of the needs of these people. The registration of a person as blind within the meaning of the Act, involves additional financial assistance from the National Assistance Board. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted'.

During the year the Committee decided to appoint a trainee home teacher for the blind with a view to filling the vacancy which would be caused by the retirement, in 1966, of Miss E. I. Mitchell. This appointment was filled by Miss J. M. Plowman, and it is hoped that she will obtain her Home Teaching Certificate in 1966.

During the year a total of 2,632 visits were made to individual homes in Barnsley and 4,288 visits in the West Riding area. Details with regard to the number of visits paid by each Home Teacher is given below :—

	Barnsley	West Riding
Miss Mitchell	431	746
Miss E. White	660	1,207
Mr. J. Moore	535	1,106
Mr. H. V. Davis	849	822
Miss J. Plowman	148	407

In view of the fact that the majority of registered blind persons are over the age of 65 years and many of these persons are living alone, the domiciliary visits paid by home teachers to such cases are extremely valuable.

Social Activities

During 1965 it became evident that many elderly and infirm blind persons were no longer able to attend the Blind Social Centres owing to increasing age and infirmity. Authority was therefore obtained for the provision of a taxi for the Hoyland and Wombwell Blind Social Centres, to transport the more elderly and infirm who wished to attend to their Centres. This service has proved extremely beneficial and is greatly appreciated by the blind persons concerned. The extension of this service to the remaining Social Centres will have to be considered during 1966.

Social Centres for the Blind are provided in Barnsley, Wombwell, Hoyland and Thurnscoe, where blind persons meet regularly for conversation, music, games and pastime occupations. Sessions are held weekly at Barnsley, Wombwell, Hoyland and Thurnscoe. The game of dominoes is very popular and each centre has a domino team which competes at the Annual Domino Tournament held on the 7th October in Barnsley. In 1965 the Grocock Trophy for straight dominoes was won by the Hoyland Centre, and also the Chappell Trophy for Five's and Three's was won by the Hoyland Centre. The Domino Competition for the Alec Forbes Domino Trophy was held on a home and away basis throughout 1965 by the Domino Team from each Centre. The shield was won in 1965 by the Barnsley and Hoyland Centre (joint). In addition, an individual knock-out competition was held for which substantial money prizes were generously provided by the Barnsley and District Joint Blind Welfare Committee. A total of ten guineas in cash was presented to the winners of this competition. The competition for 1965 was divided into two categories to allow two separate competitions for those who are totally blind and play by touch, and those who are partially blind and play by sight.

In the County Borough area, bus passes are provided from the Yorkshire Traction Company at an agreed reduced rate and issued free of charge to each registered blind person in the Barnsley County Borough area who is able to make use of this facility.

Outings to places of interest, sports and excursions to the seaside from the Centres, form the main part of the blind persons social activities. The Annual Blind Sports Day was held again at Wortley Hall on the 23rd June, 1965, and good weather favoured the occasion and the blind thoroughly enjoyed the various games and other activities organised for their benefit.

During the winter months organised parties of blind persons attended concerts, plays and other entertainments, and at Christmas time, members of each Centre held their own party and finally come together for a big party which was held at the Arcadian Restaurant, Barnsley on the 14th January, 1965.

The Barnsley and Thurnscoe Social Centres combined to hold their annual outing to Bridlington on the 21st June, 1965. The Hoyland Social Centre held their annual outing to Bridlington on the 9th August, 1965, and the blind persons from the Wombwell Centre held their outing to Morecambe on the 11th August, 1965.

The interest shown by the Tape Recording Section of the Y.M.C.A. in the blind who attend the Barnsley Blind Centre, must be recorded and during the year, tape recording sessions and musical evenings were provided by this section and were very much appreciated by the blind.

The Barnsley and District Joint Blind Welfare Committee provided an annual outing for blind and partially sighted children when they went to Bridlington. The annual outings provided by the Joint Blind Welfare Committee for the adult blind, were to Blackpool on the 5th and 15th July, 1965.

All blind persons are encouraged to take an annual holiday each year away from home and, to assist in the expense, a grant of £2 is made by the Barnsley and District Joint Blind Welfare Committee, to every blind person and partially sighted person (category A) who takes a bona fide holiday away from home outside a certain radius from Barnsley.

The Organised Holiday Scheme for all handicapped persons, including the blind and partially sighted, was based during 1965 on the Shrewsbury Hotel, Blackpool, when 87 blind and partially sighted persons and guides took part. The full maintenance cost for blind persons, where recommended by their Doctor for convalescence is met by the Joint Blind Welfare Committee.

Blind re-unions are held near to Christmas when a grant of 10s. was made to each blind person, in addition to an excellent meal and a suitable concert party provided entertainment later in the evening. Blind persons who are unable to attend the re-unions owing to infirmity or illness, were given a grant of 22s. 6d. The re-unions were held at the Arcadian Restaurant, Barnsley on the 1st and 6th December, 1965, and at Wortley Hall, near Sheffield, for the outer areas on the 8th and 13th January, 1966. The Joint Blind Welfare Committee made a grant of £6 in cash or £5 in cash and 3 bags of coal, to all household blind persons who had been unable to attend any of the activities organised by that Committee during 1965.

Blind and partially sighted children were again invited to the comprehensive handicapped childrens' party which was held on the 22nd December, 1965, in the Town Hall. The party was thoroughly enjoyed by both parents and children and was more integrated among the classes of handicapped children than on all previous occasions.

Handicraft Classes

The Handicraft class which is held weekly on Tuesdays in the Corporation Centre at Dyson Street, Kingstone, continues to flourish and there are regularly 25 to 30 blind persons and Guides in attendance. Blind persons attending are taught pastime handicrafts such as basket-making, chair-caning, rug-making, hand knitting, lampshade making, tray making and sea-grass stool making. Some handicraft materials are written off for training purposes, but in many cases satisfactory results are obtained and saleable articles are completed. A charge for material only is made to the blind. Many repairs are also carried out to broken basket handles and this aspect of the service for the public is increasing.

Good quality handicraft articles made at the Centre are sent to the Department Sales Shop in Kendray Street for sale to the public. The fact that there is a proper and satisfactory avenue for the disposal of completed handicraft articles, is a source of satisfaction to the blind and to the officers in persuading blind persons to undertake handicrafts.

Braille Classes and Reading Material

For those blind persons who wish to be taught braille, home teachers ensure that such tuition is readily and freely given. Teaching in Moon type is also available to those elderly blind who require this service. Membership by the blind of the Northern Library for the blind, which provides access to a wide range of books of braille literature, is encouraged by the home teachers. For blind persons who are able to write braille, braille writing frames are loaned to them as part of the service financed by the Voluntary Committee for the Blind.

A stock of braille writing paper is kept in the office, together with all other gadgets, aids and special items obtainable from the Royal National Institute for the Blind for sale to any blind person requiring this service.

The large-type books printed by the Ulverscroft Publishing Company, continued to be made easily available at the County Borough Library and at the West Riding Branch Libraries. The Department regularly circulate, to all partially sighted persons who are known to be using this service, details of new books which have been printed in this large type. This Library service for all persons with severely defective vision but who can still read large print, has proved the most notable advance in welfare for many years.

Partially Sighted

The large type books printed by the Ulverscroft Publishing Company for all partially sighted persons, has been the most noteworthy advance in the welfare of the partially sighted for years. The County Borough Public Library and the West Riding Libraries were asked to provide these large print books for the partially sighted in Barnsley and District and all the Libraries concerned have responded and stock these books. Many letters of appreciation have been received from partially sighted persons who are now able to read books in large print, and all partially sighted persons in the area have been circulated with full details of these new and excellent services.

Talking Book Machines

The supply of talking book machines continues to increase and many more blind persons, including some partially sighted persons who cannot avail themselves of the large-print book service, have now been provided with machines. At the end of 1965 there were 86 tape talking book machines on loan to blind persons in Barnsley and District. This has shown an increase during 1965 of 43 talking book machines. In point of fact the number of talking book machines now available for blind persons has been exactly doubled. The Nuffield Talking Book Library charge an annual rental of £3 for all talking book machines and the cost for these rentals has been met by the Joint Blind Welfare Committee. The number of Talking Book Machines continues to increase and there is little doubt that in the very near future the numbers of blind persons possessing these machines will reach a significant proportion of the blind population.

Provision of Wireless Facilities

All blind persons in Barnsley and District are provided with a wireless set, free of charge, through the Wireless for the Blind Fund. It has been recently notified by this Fund that the provision of Bush Mains Sets will be discontinued as a general principle for the majority of blind persons, and be replaced by the smaller, compact, portable Roberts Transistor Set. The Barnsley and District Joint Blind Welfare Committee continued during 1965 to meet the cost of repairs to any blind persons wireless sets, and in addition have agreed to reimburse the cost for wireless licences to those persons registered as partially sighted (category A).

Deaf-Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 8 blind persons who are also hard of hearing and no persons deaf with speech. In the West Riding area, there are 30 blind persons who are also hard of hearing and 2 blind persons deaf with speech and 2 blind persons deaf without speech. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf persons.

During the year a deaf-blind person living in the West Riding was specially selected for a field trial sponsored by the Ministry of Health for the installation of a door-bell 'loop' system. The West Riding County Council installed the 'loop' system in the bungalow of a deaf-blind person and experience has shown the great value of this doubly handicapped person being able to answer the door through the vibrator attached to the finger.

Social Rehabilitation

No cases were admitted to the Social Rehabilitation Centre at Oldbury Grange, Bridgnorth, during 1965.

Guide Dogs for the Blind

No blind persons from the Barnsley or West Riding areas attended any of the Centres provided by the Guide Dogs for the Blind Association for courses of training and provision of a guide dog. At the end of 1965, one Barnsley blind male person continued to be provided with a guide dog and it considerably assists in his mobility.

Marketing and Sales of Blind Handicraft Goods

Handicraft articles made by blind persons at the Corporation's Handicraft Centre and their own homes continued to be placed on sale to the general public in the Sales Shop, Kendray Street, Barnsley.

The total sales during 1965 of blind handicraft articles were as set out below.

Cash Sales	Credit Sales	Total Sales
£58. 15s. 4d.	16s. 5d.	£59. 11s. 9d.

WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provide welfare services for the County Borough area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The day to day administration of the deaf welfare services forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. A male Welfare Officer for the Deaf and Dumb is employed to deal with the needs of the deaf and also with hard of hearing persons in the area under the control of the Department, and in addition, a female Welfare Assistant for the Deaf and Dumb is employed on a full-time basis.

The Welfare Officers for the Deaf are appointed for the purpose of assisting deaf persons in all aspects of their welfare, to provide interpretation and means of communication with deaf persons requiring these services on all possible occasions, to promote and assist social and sports activities among the deaf and to visit deaf and hard of hearing persons in their own homes.

The registration of deaf persons with and without speech in the area covered by the Department has been fully completed for some years and ascertainment and registration of further hard of hearing persons still continues. Owing to the increasing numbers of hard of hearing persons coming to the notice of the Department and desiring registration, it has been necessary for the Hard of Hearing Register to be sub-divided as between those hard of hearing persons requiring a full range of domiciliary visiting services and a subsidiary register which is known as the 'B' register for those hard of hearing persons who merely visit the Department to avail themselves of the hearing aid repair service. By this means, it is possible to retain the 'A' register for those who require complete welfare services and statistically to contain the numbers to a realistic level.

Registration of the Deaf

The classification for the Registers for the Deaf and Hard of Hearing were set out in Ministry of Health Circular 25/61 dated the 14th September, 1961, and are as follows :—

(a) Deaf without speech (b) Deaf with speech (c) Hard of Hearing

Following upon receipt of the Ministry Circular, the registers were revised and the deaf register split into two registers. The difficulties with regard to the hard of hearing register have already been explained above and the main register for the hard of hearing which is known as the 'A' register is the one which is quoted for statistical purposes in all annual returns to the Ministry of Health.

It is gratifying to report that deaf persons of all categories now regularly visit the Handicapped Services Department to bring hearing aids for repair and to discuss problems with the Welfare Officers for the Deaf, in exactly the same way as other handicapped persons visit the Department and in this way, all handicapped persons meet on common ground whatever their disability. It is without doubt the hearing aid repair service which has attracted a great number of hard of hearing persons to the Department in order to obtain speedy repairs to their hearing aids. Full details regarding the numbers on the registers at the end of 1965, in the three categories are given below.

Deaf without Speech

			Degree of Deafness					Cause of Deafness	
			C.B.B.	W.R.C.C.				C.B.B.	W.R.C.C.
Total	.....	.....	32	41	Born Deaf	.....		28	39
Severe	.....	.....	22	31	Deafness				
Slight	.....	.....	—	—	acquired	.....		26	33
			—	—				—	—
			54	72				54	72
			—	—				—	—
					Degree of Speech				
					C.B.B.	W.R.C.C.			
Normal	.....	.....	.....	.....	—	—
Indistinct but intelligible	.....	.....	.....	.....	30	40			
Unintelligible	.....	.....	.....	.....	24	32			
					—	—			
					54	72			
					—	—			

Deaf with Speech

			Degree of Deafness					Cause of Deafness	
			C.B.B.	W.R.C.C.				C.B.B.	W.R.C.C.
Total	.....	.....	8	8	Born Deaf	.....		2	2
Severe	.....	.....	10	12	Deafness				
Slight	.....	.....	—	—	acquired	.....		16	18
			—	—				—	—
			18	20				18	20
			—	—				—	—

						Degree of Speech	
						C.B.B.	W.R.C.C.
Normal	.....	.....	.....	.....	.....	16	19
Indistinct but intelligible	.....	.....	.....	.....	.....	2	1
Unintelligible	.....	.....	.....	.....	.....	—	—
						<hr/>	<hr/>
						18	20
						<hr/>	<hr/>

Hard of Hearing

				Degree of Deafness						Cause of Deafness	
				C.B.B.	W.R.C.C.					C.B.B.	W.R.C.C.
Total	.....	.....	—	—		Born deaf	.....	1	2		
Severe	.....	.....	120	108		Deafness					
Slight	.....	.....	—	2		acquired	.....	119	108		
				<hr/>	<hr/>					<hr/>	<hr/>
				120	110					120	110
				<hr/>	<hr/>						

Types of Employment of Deaf Persons

Males

Skilled or Semi-skilled				Unskilled			
Boilerman	.....	.....	1	Brewery Worker	.....	.....	1
Boot and shoe repairers	.....	.....	3	Colliery surface worker	.....	.....	4
Bottle-Core Maker	—	.....	.....	Driver's Mate	.....	.....	1
Steelworks	.....	.....	1	Dustman	.....	.....	1
Glassworks	.....	.....	1	Labourers (Building)	.....	.....	9
Bricklayers	.....	.....	4	Labourers (Chromework)	.....	.....	1
Gardener	.....	.....	—	Glassworks labourer	.....	.....	5
Joiner	.....	.....	2	Labourers (General)	.....	.....	7
Joiners (appr.)	.....	.....	1	Labourers (Plasterers)	.....	.....	—
Motor Body Builders	.....	.....	2	Labourers (Remploy)	.....	.....	3
Painters	.....	.....	2	Mill Hand	.....	.....	1
Painters (appr.)	.....	.....	—	Road Sweeper	.....	.....	1
Plasterers	.....	.....	—	Skin Cleaner	.....	.....	1
Presser	.....	.....	1				
Upholsterer	.....	.....	1				
Watchmaker	.....	.....	1				
Blacksmith Striker	.....	.....	1				
Dental Mechanic (appr.)	.....	.....	1				

Females

Skilled or Semi-skilled				Unskilled			
Copy Typist	.....	.....	1	Bulb Factory Worker	.....	.....	1
Dressmaker	.....	.....	1	Dinner Helper	.....	.....	1
Machinist	.....	.....	5	Glassworker	.....	.....	—
Pressers	.....	.....	—	Packer	.....	.....	2
Quiltmaking	.....	.....	1	Cleaner	.....	.....	2
Seamstress	.....	.....	1	Laundry Worker	.....	.....	1
Toy Making	.....	.....	1	Mill Hand	.....	.....	2

Interviews, Domiciliary Visits and Interpretation

A monthly report is submitted to the Handicapped Persons' Sub-Committee showing the numbers of domiciliary, placement and interpretation visits paid by the two Welfare Officers for the Deaf employed in the Department.

Assistance is requested by deaf and hard of hearing persons in connection with many matters and interpretation is provided on occasions at doctors' surgeries, clinics and hospitals, shops and schools, solicitors' offices, estate agents offices and government and local authority departments. The statistics for 1965 in relation to the number of interviews, domiciliary visits and interpretations are as follows :—

			Barnsley		West Riding	
			Deaf	H.O.H.	Deaf	H.O.H.
Mr. James						
Domiciliary	.....	.....	287	450	264	580
Interviews	.....	.....	3	4	8	—
Interpretations	.....		68	3	29	1
Mrs. James						
Domociliary	.....	.....	272	455	454	311
Interviews	.....	.....	6	5	12	1
Interpretations	.....		50	3	68	2

Social Activities

Social activities for the deaf are centred at the Deaf Institute, St. Augustine's Hall, Dyson Street, Kingstone, Barnsley, and social evenings for all deaf persons are held on Saturday evenings. Games of table tennis, billiards, snooker, whist drives, darts and cinema shows and other entertainments are held. The annual party for deaf children was provided by the Corporation in the Town Hall on the 22nd December, 1965, as part of the party for all handicapped children. Following tea, to which parents of deaf children were invited, toys were given to each child and afterwards party games were provided. The annual party for the adult deaf was held at St. Edward's Parish Hall on the 1st January, 1966, and the function was thoroughly enjoyed. On the occasion of the annual party, it was necessary to obtain more ample accommodation at St. Edward's Parish Hall, as the Deaf Institute is not able to provide catering facilities and accommodation for all the deaf who attend the party. The film shows which are held at the Deaf Institute are always much appreciated by the deaf and on one occasion a sound film show was hired and, being more up to date than the silent films, was enjoyed very much by the deaf and disabled people who attended. Thanks are due to Mr. Leigh for his services as Cine-Projectionist. The annual dinner provided by the deaf themselves, was held at the Queen's Hotel, Barnsley.

Organised Holiday Scheme

The Organised Holiday Scheme for all handicapped persons including the deaf and hard of hearing, catered for parties at Blackpool during 1965, and the total number of deaf and hard of hearing persons who took part in the scheme was 22. As many of the deaf are in remunerative employment, it is difficult for them to obtain leave of absence to participate in the Organised Holiday Scheme which is usually held at the end of May or the beginning of June. It is, therefore, unfortunate that the deaf and some of the hard of hearing are compelled, by circumstances outside their control, to be unable to benefit from the comprehensive Scheme for all categories of the handicapped.

Identity Card for the Deaf

In the event of an emergency, such as a road accident, deaf persons are unable to communicate with ordinary members of the public and a need arises for the Welfare Officer for the Deaf to be contacted on such occasions, in order that these difficulties may be satisfactorily overcome, all deaf persons on the register of the Department, have been provided with a printed identity card which states that he or she is a registered deaf person, and that in case of an accident or any other emergency, the Welfare Officer for the Deaf can be contacted by telephone and the telephone number is given. The provision of this identity card is regarded by deaf persons as a guarantee that their interests will be safeguarded by the Department. During the year, a check was made among the deaf to ensure that an identity card was held by each one.

Spiritual Welfare

The Welfare Officer for the Deaf, assisted by the Welfare Assistant for the Deaf, conducts religious services for interested deaf persons on a non-denominational basis, each Sunday at the Deaf Institute and once monthly, a Communion Service is provided by the Vicar of the Parish.

The Deaf Chapel in the Institute is part of the Wakefield Diocese for the Deaf and the Welfare Officers for the Deaf regularly undertake services for the Deaf at other Institutes in the Diocese. On Palm Sunday, the 11th April, 1965, a Diocesan Service was held at Huddersfield Parish Church and a coach load of deaf persons from Barnsley attended.

On the 26th September, 1965, the Annual Harvest Festival was held at the Institute and the service was well attended by many of the deaf community, Hoyland Hard of Hearing Club and hearing friends, including the Mayor and Mayoress of Barnsley, and on this occasion the service was conducted by Mr. W. Archer of Plymouth.

On the 28th March, 1965, a Service for Mothering Sunday was held in the Deaf Chapel. Some of the female deaf have attended the Mothers' Union at St. Edward's Parish Church, Kingstone and take part in the activities of this Organisation. Mrs. E. Ramsbotham, wife of the Bishop of Wakefield, gave the Address.

It is normal for a Funeral Service to be held in the Deaf Chapel in respect of any deceased deaf person for whom this service is requested. One Service of this kind was held during 1965.

The Annual Christmas Service was held on Sunday the 19th December, 1965, in the Deaf Chapel. Mr. R. Haythornthwaite gave the Address and Reverend T. S. Wetherall blessed the Christmas Crib.

Sports Activities

The deaf who regularly attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have played in snooker, billiards and darts competitions sponsored by the Association. In addition, members played in the Barnsley Indoor Games League at

snooker, darts, whist, cribbage and dominoes. They also attend group swimming sessions at the Barnsley Baths both in summer and winter. The deaf have made arrangements to play both cricket and football in 1966.

The Yorkshire Deaf Amateur Sports Association Annual Swimming Gala was held in Hull on the 12th June, 1965. The Barnsley Deaf Amateur Sports Association Annual Sports Day (Athletics, swimming, table-tennis and cycling) was held during the weekend 8th to 9th May, 1965, at Sheffield.

During 1965 the International Games for the Deaf were held in America and the Barnsley Welfare Officer for the Deaf was authorised to have leave of absence to attend these games.

The deaf have made arrangements to enter teams in both cricket and football during 1966. It is hoped, once again, to use the cricket ground at Bank End, Worbrough, during the 1966 cricket season.

Hard of Hearing

Many hard of hearing persons continue to attend the department for hearing aid repairs and requests are still being received for the supply of batteries, but hard of hearing persons are being referred to the official distribution centre at Beckett Hospital, Barnsley. During 1965, 273 hard of hearing persons were able to bring their hearing aids for repair to the Handicapped Services Department and aids were then transported to Sheffield and returned duly repaired by the Barnsley Ambulance Service. It has been possible to loan spare hearing aids to hard of hearing persons during the time when their own aids are away for repair. The co-operation of the Chief Fire and Ambulance Officer in making this excellent service possible for hard of hearing persons is much appreciated. The inconvenience and expense, particularly to elderly hard of hearing persons, who previously had to travel to Sheffield for repairs to their hearing aids or send them by post, has now been obviated to the intense satisfaction of hard of hearing persons. Batteries for Medresco hearing aids are obtainable at Beckett Hospital on Wednesdays and Saturdays. The extent of the hearing aid repair service is revealed by the fact that since the inception of the scheme in September, 1958, 3,175 aids have been transported to Sheffield.

The Barnsley and District Hard of Hearing Fellowship continues to hold regular weekly meetings at the Junior Training Centre, Pitt Street, Barnsley. Social activities include beetle drives, musical evenings, whist drives and the members of this Fellowship co-operate with the Department and enjoy their social activities. Special equipment in the way of a microphone and speaker together with additional speakers have been supplied and installed by the Corporation in the Junior Training Centre together with a cupboard for the storage of cutlery, crockery and games. The Grampian amplifier continues to give satisfactory service and amplification at the centre is quite satisfactory for all purposes.

The Hoyland and District Hard of Hearing Fellowship continues to flourish and hold their weekly meetings in the Market Street School, Hoyland, each Friday evening. The number of hard of hearing persons in the Hoyland District who become members of the Fellowship, steadily increased and this Organisation appears to be on a sound basis. During the year the Fellowship held their Annual Outing and in September, held their Harvest Festival which was very successful. The Corporation pay the rental of the school premises used by this Fellowship as a Social Centre. Once a month, the Welfare Officer for the Deaf attends the Centre to replenish stocks of batteries for issue to those hard of hearing persons who require this service. The annual party for this Fellowship was held on the 8th January, 1966, at the Market Street School. The party was attended by the Chairman of the Hoyland Nether Urban District Council and the Chairman of the Barnsley Health Committee.

Lip reading classes continue to be held at both the Barnsley and the Hoyland Hard of Hearing Centres and great benefit is derived by members who attend. Arrangements have now been made with the West Riding County Council for a qualified teacher in lip reading to attend the new Lip Reading class to be held at the Hoyland Centre, and the class started in March, 1965. Owing to the increasing numbers of deaf members who have joined the Hoyland Hard of Hearing Club, a request was received for the supply of deaf manual cards and these have now been forwarded to enable easier communication between the deaf and hard of hearing members of this club.

Some requests have been received from hard of hearing persons in Wombwell for a Centre to be started in the area, but at the end of the year under review no steps have been taken to implement these requests.

Following requests from hard of hearing persons in Barnsley for the commencement of an Afternoon Centre, negotiations have taken place with the Barnsley and District Hard of Hearing Fellowship and it is hoped to commence this Centre early in 1966.

North Regional Association for the Deaf

The North Regional Association for the Deaf covers all the Northern Counties and County Boroughs and is responsible for the promotion of the welfare of the deaf, through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held during the year and these meetings were extremely worthwhile and valuable as a point of contact with other persons in deaf welfare work.

Birthday Card Service

A birthday card bearing the County Borough Coat of Arms is sent to all registered handicapped persons whatever their disability, with the exception of hard of hearing persons.

Special activities

Mutual Co-operation and Assistance

Close liaison has been established with other Local Authorities, particularly the City of Sheffield and Rotherham County Borough, in view of the fact that direct services for the deaf are provided by these Authorities in the same way as the Barnsley Corporation provide direct services for the County Borough and for the surrounding area of the West Riding County Council on an agency basis. During sickness and annual holidays of Welfare Officers for the deaf, mutual assistance and co-operation has been obtained from these Authorities to provide interpretation services in case of emergency, and this close liaison is an excellent example of local authority co-operation.

Television Sets

The Royal National Institute for the Deaf appeal for money for the provision of television sets for elderly deaf persons who cannot afford this service. As a result of the money available in the Appeal Fund, four Barnsley and West Riding deaf persons were allocated television sets during 1965.

CARE OF THE PHYSICALLY HANDICAPPED

The services provided for the general classes of the physically handicapped which include the mentally disordered and epileptic persons, form part of the services provided on a comprehensive basis by the Handicapped Services Department of the Corporation. The Medical Officer is Superintendent of these services and the Senior Welfare Officer is in charge of the day to day administration.

During the year one male and one female craft instructor carried out and supervised the handicraft activities at the Handicapped Persons' Centre, Westgate. The Committee decided, towards the end of 1965, to advertise the vacancy of craft instructor and it is hoped that this post will be filled in the early part of 1966. The appointment of the welfare assistant in June, 1964, helped considerably in the field work and domiciliary visiting of handicapped persons, but proved during the year that one welfare assistant undergoing training cannot reasonably be expected to carry the large case-load as required. Provision for increasing staff establishment in field workers for the generally handicapped will have to be considered.

The specially adapted bus hired from the Yorkshire Traction Company continued to be used three days per week for the transporting of physically handicapped persons between their homes and the Westgate Handicapped Persons' Centre. Owing to the increasing numbers of handicapped persons now attending the Westgate Centre consideration will have to be given in 1966 to using the Adapted 'Bus on five days instead of three days per week.

Registration

At the end of 1965 there were 348 registered physically handicapped persons as compared with 350 at the end of 1964. This shows a decrease of two registrations. This decrease can be accounted for by the fact that certain handicapped persons have changed their addresses or left the district and have failed to notify the department. Following the complete survey of all registered physically handicapped persons carried out during 1965, the present figures are completely up to date. Applications from disabled persons residing in the County Borough area for placement on the Corporation's register, are dealt with by the Senior Welfare Officer who pays an initial visit and completes the necessary case record and provides assistance and guidance to disabled persons to overcome their disabilities. No application for registration as a physically handicapped person has been refused by the Department. The registration of persons suffering from respiratory tuberculosis is not effected until a satisfactory certificate has been provided by the Chest Physician regarding the patients condition.

The majority of all registered handicapped persons are housebound or otherwise incapable of work and require a full range of welfare services, particularly pastime handicrafts and social centre facilities. 206 persons fall into this particular category and in their case, it is essential that regular domiciliary visits are maintained. Many of these persons require assistance, with regard to National Assistance grants, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, home help services, gadgets and structural adaptations and many other similar welfare services.

Included in the total number of handicapped persons on the register, are 41 disabled children under the age of 16 years. Registration of these children has been effected as part of the scheme and information regarding them has been supplied primarily through the Handicapped Pupils Section of the School Health Service. The department has a general responsibility under Section 29 of the National Assistance Act, 1948, for these children, but their needs are normally met through other enactments such as the Education Act, 1944, and the children not in special schools are under parental care and supervision.

In accordance with the Ministry of Health Circular 15/60, the Council's Scheme for the provision of welfare services given under Section 29 and 30 of the National Assistance Act, 1948, was amended to include mentally disordered persons of any description. Mentally disordered persons in increasing numbers enjoy the facilities available at the Corporation's Handicraft and Social Centre provided for the use of physically handicapped persons, mentally disordered persons are usually referred to the Handicapped Services Department by the mental welfare officers of the Health Department, and a firm liaison has been established in this direction.

Unless field workers are available in adequate numbers to provide domiciliary supervision of this type of handicapped person, it is difficult for local authorities to absorb these additional numbers in the General Classes of the Physically Handicapped. Some of these mentally handicapped and partially sighted persons, have however, been recommended to attend the Westgate Centre and avail themselves of the wider range of handicraft and social facilities available at that Centre.

The numbers of persons on the register in the various categories are as follows :—

	Medical Classifi- cation	Males	Females	Total
Amputation	A/E	28	7	35
Arthritis and Rheumatism	F	18	30	48
Congenital malformations and deformities	G	17	12	29
Diseases of the digestive and genito urinary system, of the heart, circulation system, of the respira- tory system (other than tuber- culosis) and of the skin	H/L	23	12	35
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	Q/T	30	11	41
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomye- litis, hemiplegia, sciatica, etc.	V	72	54	126
Neurosis, psychoses and other nervous and mental disorders not included in V	U/W	15	11	26
Tuberculosis (respiratory)	X	1	1	2
Tuberculosis (non-respiratory)	Y	2	1	3
Diseases and injuries not specified above	Z	1	2	3
		<hr/> 207	<hr/> 141	<hr/> 348
		<hr/>	<hr/>	<hr/>

Grouping of Persons on Register

Group	Males	Females	Total
Capable of work under ordinary industrial conditions	63	16	79
Incapable of work under ordinary industrial conditions and sufficiently mobile for work in sheltered workshops	14	7	21
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	—	1	1
Incapable of work or not available for work	100	106	206
Child under the age of 16 years whose needs are likely to be met under the enactments but for whom the local authority have a general responsibility under Section 29 of the National Assistance Act, 1948	30	11	41
	<hr/> 207	<hr/> 141	<hr/> 348

Remploy		Light Industries		Unemployed	
Males	Females	Males	Females	Males	Females
7	—	2	2	5	5

Social Activities

The Handicapped Persons' Centre, Westgate, continued to cater for increasing numbers of physically handicapped persons during the year. Several additional cases were referred from the West Riding area and admitted to the Centre for both handicraft and social purposes. The numbers of West Riding handicapped persons now attending the Westgate Centre, both for handicraft and social activities, continued to increase during the year. This matter came under Committee consideration when it was resolved that West Riding handicapped persons could be admitted to the Westgate Centre subject to a maximum limit of thirty per cent of the total number attending the Centre. The Westgate Centre is open each week day, Monday to Friday from 10 a.m. to 9 p.m., for use by any handicapped person. Mondays and Friday evenings for social activities are specifically allocated to the epileptics and mentally disordered persons. On Wednesday evenings the Centre is allocated to the Barnsley and District Handicapped Persons' Sports Association for the promotion of indoor games and sports among the handicapped. The Handicapped Persons' Sports continued to expand during the year and is now on a sound financial basis. During the year the Association held its annual outing to Blackpool on the 8th August, 1965. The Association held its annual dinner at Wortley Hall in January, 1966 and this proved to be an excellent function. This Association continue to provide archery facilities, shooting range facilities and also enter handicapped teams in the Barnsley and District Indoor Games Works League. The Association also paid for members to attend the local ten-pin bowling alley.

The Barnsley and District Epileptics Association provided social activities for their members during the year, including an Annual Outing and visits to other local epileptics associations. Return visits from these Associations have also been made to the Westgate Centre. The annual dinner of this Association was held on the 4th January, 1966, at the Arcadian Restaurant. The numbers of epileptics being recruited to membership of this Association has shown no increase for many years although it is known that there are many West Riding epileptics who could usefully and with advantage join the Association.

The Barnsley and District Disabled Persons' Association continued to hold their meetings at the Corporation's Welfare Centre at Smithies. The Association pay the charges involved in the hire of the Yorkshire Traction Adapted 'Bus. This Association held its Annual Dinner at the Arcadian Restaurant at the end of January, 1965. During the year this Association provided day outings to Cleethorpes for its members. The Association's Welfare Centre is not suitably heated and inevitably it is closed during the early part of the year when the bad weather prevents attendance of members. This Association continues in very much the same pattern as in previous years and does not appear to be making much progress in extending its welfare facilities.

During 1965, the specially adapted single-deck 'bus on hire from the Yorkshire Traction Company, was utilised for the conveyance of physically handicapped persons from their homes to the Centre. A specially constructed ramp which folds and slides underneath the chassis, is available for the driver to wheel disabled persons in their chairs from their homes into the rear of the 'bus. At the end of 1965, transport was provided for 40 handicapped persons on three days per week and this service is continuing to expand. The 'bus became so overcrowded during the year that it was necessary to take off the transport list several blind persons and less severely disabled persons who can, with special arrangements for guides etc. attend the Centre without transport being provided. Owing to increasing numbers requiring transport, it will be necessary for additional transport to be made available during 1966. Another 'bus is being converted by the Yorkshire Traction Company and on this vehicle there will be a hydraulically operated tail-lift installed, which will be a vast improvement on the present ramp entrance at the rear of the 'bus.

The need for male voluntary assistance is particularly necessary now at the Westgate Centre to assist the male physically handicapped persons in their toilet needs. It is also very helpful to have male assistance available for the 'bus driver during inclement weather to assist in wheeling disabled persons in their wheelchairs up the ramp of the specially adapted vehicle. Regular weekly social activities now include domino tournaments, whist drives, darts tournaments etc., and light refreshments in the form of tea is provided free of charge for all who attend the Centre and voluntary help is provided by ladies who have been approved for this purpose by the Committee. Members of the Women's Voluntary Service, together with the Red Cross, attend the Centre on Monday and Friday evenings to assist in the care of the epileptics who attend.

The Corporation provided an annual party for all disabled and epileptics who attend the Westgate Centre, at the Arcadian Restaurant on the 7th January, 1965, and this function was thoroughly enjoyed by all who attended. The annual outing provided by the Corporation for all handicapped persons who attend the Centre, was held on the 6th July, 1965, and took the form of a coach trip into Derbyshire and tea was provided at Wortley Hall, near Sheffield. Excellent weather favoured the occasion and the outing was thoroughly enjoyed. The annual children's party, for all handicapped children, was held in the Town Hall on the 22nd December, 1965, and was attended by the Mayor and Mayoress and many members of the Handicapped Persons' Sub-Committee. Each handicapped child received a small toy from Father Christmas and party games were held after tea when minerals, crisps, apples and oranges were also provided.

The services of a female voluntary worker continued during 1965, in the preparation of a cooked tea on two afternoons per week for those handicapped persons who remained for the evening social activities. The charge for the tea was 2s. 0d., which merely covered the basic cost of the food stuffs provided.

The Youth Club for the physically handicapped, which commenced in December, 1964, never became firmly established owing to apathy among the younger physically handicapped. The Youth Club was held on Tuesday evenings at the Kingstone Centre, but owing to declining attendances it was necessary to discontinue the Youth Club in November, 1965.

In October, 1965, the Department organised a trip to Blackpool Illuminations and three coach loads of handicapped persons participated at their own expense. The trip and the arrangements went very satisfactorily.

Organised Holiday Scheme

The Organised Holiday Scheme for 1965, administered by the Handicapped Services Department, again catered for all categories of handicapped persons and included many of the physically handicapped who attend the Westgate Centre. Officers of the Department escorted parties to the Shrewsbury Hotel, Blackpool, and a charge of £7 per handicapped person was made by the Corporation. This charge included board and lodging and transport costs. Any balance of costs over £7 were met by the Corporation, in respect of handicapped persons, guides and helpers. Details of the various holiday parties for 1965 are given below :—

Shrewsbury Hotel, Blackpool

15th to 22nd May	.....	.....	31 handicapped persons and 1 staff.
22nd to 29th May	.....	.....	36 handicapped persons and 2 staff.
29th May to 5th June	.....	.....	37 handicapped persons and 1 staff.
5th to 12th June	.....	.....	42 handicapped persons and 2 staff.

Transport for Physically Handicapped Persons

The Contract arrangements with the Yorkshire Traction Company for the use of the Adapted Vehicle continued during 1965. On several occasions the vehicle was not available owing to servicing and other difficulties, yet the vehicle serves an extremely essential part of the services for the physically handicapped. Approximately 40 to 50 handicapped persons are regularly transported to the Westgate Centre and this number will inevitably grow. The help given to the handicapped by the drivers of the Yorkshire Traction Company is again recorded and the interest shown by the drivers is worthy of commendation. Owing to overcrowding difficulties during the year it was necessary to delete some blind and other less handicapped persons from the Transport List. Consideration was given during the year to the replacement of the present vehicle and arrangements have now been made with the Yorkshire Traction Company for the adaptation of another vehicle for use by the handicapped. This vehicle will involve the use of a hydraulic tail-lift at the rear end of the 'bus, to replace the present out-dated ramp arrangement.

During the year the Barnsley and District Disabled Persons' Association continued to use this specially adapted vehicle on Monday evenings for their Social Centre at the Welfare Hall, Smithies.

Handicrafts

The number of registered physically handicapped persons who desire to receive craft instruction totals 189 and of these 113 require home instruction and 76 were receiving instruction at the handicraft classes. The craft instructors were fully occupied during the year in providing domiciliary tuition to the numbers involved and in attending the daily handicraft classes at the Westgate Centre. Handicraft classes are held at the Westgate Centre on each afternoon Monday to Friday from 2 to 5 p.m. for all categories of the handicapped, and attendances at the classes have increased during the year. The increase in the amount of work in this section can be gauged from the fact that the sum of £3,767. 4s. 2d. was spent during the year on the purchase of handicraft materials, equipment and tools.

The value of these classes in providing an outlet for the creative capacity of disabled persons cannot be over emphasised and the articles which are now made cover an enormous range. Disabled persons normally dispose of articles which are initially made at the handicraft classes to near relatives or friends but subsequently the finished goods are passed to the department for sale through the Sales Shop.

The preparatory work necessary by the craft instructors in preparing handicraft classes and the clerical work necessary in the issue of stocks, taking payments for materials issued and the issuing of receipts, make the handicraft classes busy sessions for the craft instructors. The maintenance of records of receipts and issue of material and the checking of receipt books is carried out by the Craft Instructors. Each week a claim

sheet is prepared showing the value of handicraft articles which have been sold during the past week and making a claim for the recovery of the amounts due to each handicapped person. The clerical work involved in the accounting of handicraft materials was simplified and so far has proved very successful. Personal account cards are now maintained in respect of each handicapped person who is supplied with handicraft materials and a record is maintained of subsequent payments by the handicapped person. A statement is issued to each person for whom a personal account card is maintained, at the end of each quarter showing the amount of money owed by the handicapped person to the Corporation for the supply of handicraft materials.

During 1965, the contract with the South Yorkshire District Co-operative Laundry for the supply of 12 gauge wire coat hangers continued and an average of 50 gross per week were supplied to this firm. Jigs for the making of the coat hangers have been supplied by the department for those male handicapped persons interested in carrying out this work and at the end of the year 5 handicapped persons including 3 blind, and one partially sighted person, were engaged in this contract work. The amount paid per gross to each handicapped person was a welcome addition to their unemployment benefit and National Assistance supplementary payments and special arrangements were made with the Ministry of Labour and the National Assistance Board for the maximum amount to be disregarded in assessing their statutory allowances.

A surplus flat knitting machine was transferred from the Workshop knitting department to the Westgate Centre, and is now utilised by several handicapped persons for the manufacture of dishcloths. Dishcloths, floorcloths and mops, are now supplied from the Handicapped Services Department to all Corporation Departments, under contract arrangements. The Council agreed that all goods supplied by the Workshops and the handicraft activities of the department, should now be purchased by Corporation Departments instead of being supplied by outside contractors. During the year an additional flat knitting machine was purchased at a very low cost from the Birmingham Workshops and this is now also utilised in the production of dishcloths and floorcloths.

With the departure of Mrs. Senior, craft instructor, towards the end of 1964, no replacement for this post was made during 1965 and as a result domiciliary visits to handicapped persons who required instruction in handicrafts was very much decreased. The first priority must be the staffing of the handicraft classes which are held daily at the Westgate Centre and domiciliary visits must of necessity take second priority. It is hoped that when the vacancy for Craft Instructor is filled that domiciliary visits will again be increased. A statistical report on the work of the Craft Instructors is given below :—

No. of visits made during the year :

Mr. McGraynor	.....	.....	.....	.....	.....	.....	.....	.....	.....	889
Mrs. McGraynor	.....	.....	.....	.....	.....	.....	.....	.....	.....	576

No. of physically handicapped persons desirous of receiving craft instruction	189
No. of persons under home instruction	113
No. of visits made	1,384
No. of persons under class instruction	76
Total payments made by disabled persons to the Craft Instructors for materials (excluding contract work)	£835. 9s. 9d.

With the transfer of the Radio and Television Employees and the Workshop to the new Light Industries at Broadway, accommodation at the rear basement of the Westgate Centre became available and this is now utilised by the handicapped persons who produce the wire coat hangers.

Birthday Card Service

The Health Committee's Scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, physically handicapped and deaf person on the registers continued during the year. The birthday card is specially designed and bears the County Borough Coat of Arms and for the benefit of braille readers, the words 'Birthday Wishes' are embossed in braille at the bottom of the card. Many letters of appreciation have been received from handicapped persons following the receipt of a birthday card and emphasises the welfare value of this small tangible token and the fact that every registered handicapped person on the registers of the department has not been forgotten.

Employment of the Disabled

The Scheme places a duty upon the Council to assist any handicapped person in consultation with the Ministry of Labour to secure suitable employment in open industry and sheltered employment. Close collaboration is essential with the Disablement Resettlement Officer of the Ministry of Labour and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons (Employment) Act, 1944, to lapse. The difficulties of placing a severely disabled person in employment in open industry are great and 23 disabled persons are now assessed as suitable only for sheltered workshop employment. In some of these cases, it is felt that the disabled person may have been unemployed for such a long time and his physical condition may have deteriorated that he could not even undertake sheltered employment even if it were available. 11 disabled persons are already in employment at the Remploy Factory and in the Corporation's own Workshops and are catered for from the employment angle. The remaining disabled persons concerned urgently require workshop facilities.

The Corporation's Sheltered Workshop, which is now known as Light Industries, opened in early 1965, and the existing blind and handicapped workers supervised by the Handicapped Services Department were transferred to the new premises. In addition other blind and handicapped workers have now been admitted to this Factory and at the end of 1965 there were 14 handicapped employees engaged there.

It is inevitable that handicapped persons who have been unemployed for many years and who now see a chance to gain from employment in sheltered workshop conditions, should feel disheartened when admission to the workshops cannot be effected until sufficient orders are received for the workshops to admit more workers.

Marketing of Goods

The increasing output of articles made at the handicraft classes by physically handicapped persons, makes it an essential feature of the Corporation's Scheme that suitable marketing facilities be available for the disposal of handicraft goods. To this end, the Corporation has provided a small sales shop in an excellent position in the centre of the shopping area, and this shop continued to be open on a full-time basis during 1965. During 1965 the total amount of handicraft articles made by physically handicapped persons and sold through the sales shop was £571 8s. 7d.

Issue of Car Badges

In accordance with Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme for the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year 22 pairs of car badges were issued to those disabled persons who applied for the provision of such a badge. The Health Committee decided to extend the length of car badges to three years and the bulk of those now issued will, therefore, expire on the 31st December, 1968.

Adaptations

Under article 5/5 of the Scheme for the provision of Welfare Services for physically handicapped persons, the Corporation may assist handicapped persons in arranging for the carrying out of any works of adaptations in their homes or the provision of an additional facility designed to secure the greater comfort or convenience of such persons and if the Council so determine, defray any expenses incurred in the carrying out of any such works or in the provision of such facilities. During the year, the Health Committee gave authority for adaptations to be carried out as listed below.

Handrail up staircase.

Handrails at side of concrete ramp.

Provision of handrails up staircase.

Concrete runway 6' wide and fencing restored.

Erect a level ramp from front doorsteps to pavement and protective rim.

Fixing two handrails at the side of the toilet.

Fixing and supplying handrail at side of bath.

Eliminate steps and handrails. Level out present step to form level ramp.

Supplying and fixing handrail down steps at end of path leading on to Avenue.

Providing suitable concrete runway 6' wide from service road to proposed site for shed, and laying concrete base to accommodate fireproof garage 11' 2" x 8'.

Supplying and fixing two handrails at side of two steps at end of concrete path.

Supplying and fixing handrails at side of steps at rear door.

Levelling out front doorstep with protective rim to allow wheelchair access to concrete path. Widen path 1' from gable end to rear door of house to allow wheelchair easy access to back door toilet.

Laying ramp from rear door and a concrete path alongside garden together with metal piping along level part of path to act as exercising bars.

Levelling out pathway at front door and eliminating steps.

Installation of charging point in shed at rear of house. Power cable from shed to house-owned electric meter.

Levelling out front doorstep for easy access of wheelchair to pavement and provision of collapsible weatherboard in place of present wooden one. Provision of stirrup chain and handgrip in ceiling above bath and also provision of additional handrail up staircase.

Extending present concrete base for tricycle shed 13' x 2' towards concrete path.

Removing weatherboard and fitting rubberised weatherboard. Ramping up outside front doorstep, with protective rim to allow access of wheelchair.

Levelling of steps, widening of entrance to 8', preparation of runway 50' x 8' (approximately) and erection of site in concrete 12' x 8' 6".

Supplying and fixing of charging point from house to new shed.

Replacing present metal weatherboard by providing and fixing collapsible rubberised weatherboard to allow easy access for wheelchair.

Supplying and fixing charging point from shed to house.

Levelling two steps at garden path to entrance and providing level ramp. Removing privet hedge and levelling and preparing site for invalid garage shed.

Access crossing and widening existing gateway. Levelling existing old shed site to rear of coalhouse and levelling and preparing garage site. Extending concrete run in. Laying garage base 12' x 9' and providing handrails up staircase.

Supplying and fixing handrails at each side of two steps leading up to pathway.

Providing and installing 'Carron' type bath together with handgrip.

Providing and installing 'Carron' type bath together with handgrip.

Supplying and fixing handrails at rear steps.

Providing and installing handrails down rear steps.

Affixing light at gable end of house.

Voluntary Associations

Many voluntary associations exist in Barnsley for particular categories of the handicapped. The Barnsley and District Disabled Persons' Association caters for categories of handicapped persons residing in Barnsley and the surrounding West Riding County Council areas. This Association holds a social centre at the Welfare Hall, Smithies weekly on Monday evenings and the centre is well attended. The British Limbless Ex-Service Men's Association caters for the needs of limbless ex-service men of two world wars and does a great deal of voluntary work to assist this category of the disabled. The Barnsley Branch of the National Spastics' Society has been organised to meet the needs of spastics in Barnsley and District.

The Barnsley and District Epileptics' Association is another voluntary body which provided outings and assistance to epileptics in Barnsley and District. This Association amended its Constitution so as to include mentally disordered persons of any description and the benefits of membership of the Association are now available to a vastly increased number of epileptic and mentally disordered persons. Membership of the Association is not, however, as complete as the Association would wish as many handicapped persons eligible for membership, are reluctant to join this Association. There are many epileptics in the West Riding Area who could, with advantage join this Association but have not come forward in the numbers hoped.

The Handicapped Persons' Sports Association is specifically intended to cater for handicapped persons who are interested in promoting games and sporting activities both indoor and outdoor. The physically handicapped already enter teams in the Barnsley Works Indoor Games League and during the winter months, regularly engage in indoor games such as snooker, billiards, whist, dominoes and darts with other teams in the league. This Association has its origin in these sporting activities and during 1965, it has become firmly established. This Association is financially on a good sound basis and it is unfortunate that owing to many changes in Committee Membership and Officers of the Association, no set policy has yet been implemented to provide the amenities and sports facilities which are urgently required for handicapped persons. The emphasis appears to remain on the social side and little emphasis is being given to initiating sports activities.

The help given by other completely voluntary bodies is also much appreciated. In this connection the Wireless for the Bedridden Fund has continued to provide wireless sets and batteries for those cases who have been referred by the Department. Appreciation is also recorded to those voluntary bodies who have also rendered good service during 1965. These bodies include the Professional Womens' Organisations who have provided coal at Christmas time to necessitous cases and to various ex-servicemens' charities and have also helped their members in need. The splendid co-operation which exists between the Department and the W.V.S. in connection with clothing assistance to

handicapped persons who require clothing must be recorded and must be the subject of the highest possible praise. There is little doubt that the help given by the W.V.S. on many occasions has helped substantially to rehabilitate handicapped persons in desperate need.

The facilities of the department are always placed at the disposal of these voluntary associations with regard to duplicating and typing and many of the officers of these voluntary associations avail themselves of this opportunity.

Liaison with other Authorities

The problem confronting physically handicapped persons in ordinary day to day living are many and varied and differing welfare services are required. Close liason with many organisations is essential. Appropriate problems of need are referred for investigation to the National Assistance Board and in certain cases, suitable assistance can be provided through particular voluntary associations which cater for the needs of that particular category of the handicapped. The help and co-operation which has been received from the Officers of the two areas of the National Assistance Board in Barnsley, in dealing with cases referred to that department, is gratefully acknowledged. In a district where coal mining is a stable industry, many severely disabled persons are registered with the Department as a result of industrial injuries in coal mines. The needs of paraplegic ex-miners and other severely disabled miners are the particular concern of the Coal Industry Social Welfare Organisation who provide for paraplegic cases, a fortnight's holiday for the disabled person and his family, a free television set and also the provision of a free supply of petrol for those using a motor propelled wheelchair. Close liason is maintained with this Organisation through the Medico-Social Workers who have their Headquarters at Pontefract.

The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs are dealt with by the Appliance Officer of the Ministry of Health, Handsworth, Sheffield. Liason is maintained with the Manager and appreciation is expressed for the help and assistance given at all times in dealing with the cases referred to him.

The special needs of the war disabled, require additional supervision and it is pleasing to note that three war pensioners in Barnsley enjoy the use of motor cars from the Ministry of Pensions. The availability of a car so that the war disabled pensioner can take his wife and family out with him, is a tremendous step forward in providing welfare of the highest possible level and the disabled persons concerned are very appreciative of this improved welfare service provided by the Ministry.

Close liason is maintained with the other welfare services provided by the department particularly home help and home nursing services. The provision of bath seats on loan to many handicapped persons is a worthwhile feature of the loans service provided by the Home Nursing Service of the Corporation.

Close co-operation is also maintained with the officers of the local office of the Ministry of Labour in connection with the registration of physically handicapped persons under the provision of the Disabled Persons (Employment) Act, 1944. In this connection many disabled persons have been interviewed by the Panel of the Disablement Advisory Committee in connection with their registration under this Act and the Senior Welfare Officer has accompanied disabled persons to speak on their behalf. It is pleasing to record that the Senior Welfare Officer has been made a member of the Barnsley and District Disablement Advisory Committee.

“COUNTY BOROUGH OF BARNSLEY LIGHT INDUSTRIES”

(Workshop for the severely disabled)

The Manager reports as follows:—

This is the name of Barnsley's new workshop for the employment of severely disabled persons. The name was carefully selected by the Corporation's Health Committee, to give emphasis to commercial rather than charitable or handicraft working.

The very latest national, and indeed international thinking on the subject of employing severely handicapped persons, stresses the need for the workshop managers and workpeople to be aware of, and ready to take on, outside competition in their chosen fields, for only then will they achieve production figures that will give the workers some sense of achievement, and make for the most economic running of the workshops. Following on from this the Ministry of Labour, who are empowered to see that Local Authorities follow certain general principals laid down, say — “That only people capable of productive employment shall be employed in Sheltered Workshops”. Also, they say that new employees must undergo an assessment period, before they are employed on a permanent basis. The facts must be faced that some disabled people, no matter how willing they are to work, cannot be employed under these terms. However, assurance is given that the net is cast as widely as possible. The foregoing statements have been made to clarify national policy, and its effect on our local workshop.

The workshop itself is probably the most modern in the country for the employment of all types of handicapped people. It includes a spacious canteen and a very well equipped kitchen. In May, 1965, the existing workshop employees and their trades of round knitting, basket making, and radio and television repairs, were moved to occupy part of the new building. Since then seven new employees, two girls and five men, have been incorporated into the factory, doing entirely new jobs in plastics, packing, and light engineering. These are the fields where future expansion will take place.

Administration

The workshop is run as a separate corporation department by a Manager, who has a General Foreman and a female Supervisor responsible for running the various factory departments. A female officer is employed for the clerical and accounting work. The Manager is directly responsible to the Sheltered Workshop Sub-Committee of the Corporation.

Knitting Department

This department consists of four female employees who produce knitted hosiery which is sold to the public via the Kendray Street shop. One of the employees on this section is trained in chair caning, which she carries out when the work is available. A great deal of contract work is received from the Fire and Ambulance Department and various other departments.

Basket Department

One male basket-maker is employed in this department. He produces a very wide selection of various types of basket work, for sale in the Corporation's Sales Shop, and also to retail shops. He does direct sales work such as laundry baskets for local hospitals and laundries.

Radio and T.V. Department

This department employs two male sighted disabled people. It started as a small unit for the repair of radio sets on loan to the blind. Now, in addition to this, it does radio and television repairs for the general public, and also does work of the same type for dealers in Barnsley.

Plastics Department

This new section now employs seven people doing a variety of jobs, mainly connected with the two small plastic injection moulding machines that have been installed. This work is of the type which the Government hopes workshops will incorporate in the future. The machines are suitable for operation by many types of disabled employees, and they have the great advantage of only requiring the employee to undergo a little training before being capable of holding his or her own with people in outside industry. To build up versatility on this section, assembly work for packing and engineering jobs has also been taken on.

Future Developments

If our future plans for the plastic section are given approval by the Ministry of Labour, we shall pioneer a type of industry in Barnsley, which has never been carried out by disabled people before. This should lead to a rapid expansion in the number of employees required. The prospects of stable and permanent development of our large factory are much better served by product development rather than the piece-meal obtaining of often uneconomic short term sub-contracts, which do not justify the development of machinery and techniques suitable for the disabled to use.

PART VI

ENVIRONMENTAL HYGIENE

The evil-hearted Grocer
Would call his mother 'Ma'am,'
And bow at her and bob at her,
Her aged soul to damn.

He crams with cans of poisoned meat
The subjects of the King,
And when they die by thousands,
Why, he laughs like anything.

Song Against Grocers
G. K. Chesterton, 1874 — 1936.

No outstanding event occurred in the field of environmental hygiene in Barnsley during 1965. The work of maintaining standards continued as usual in an unobtrusive manner despite the fact that as year succeeds year, legislation is adding to the burden of duties to be performed. Examination of the figures relative to the Offices, Shops and Railway Premises Act, 1963 set out in the pages which follow, illustrates this point as does the reference to the Animal Boarding Establishments Act, 1963. In addition to new commitments the authority's officers were busily engaged during the year with existing ones. It will be observed that much difficulty is being experienced from the camping habits of the itinerant hawker and scrap merchant. It would seem that present legislation is entirely insufficient to deal with the unnecessary health hazards to which these people expose residents in the neighbourhood of the ground they choose to foul. There is little doubt that statutory sanctions are required to deal with this problem. These will, however, have to be devised with some care if holiday caravanners are not to suffer undeserved penalisation for the misdeeds of these groups who persistently defy the canons of hygiene and the "country code".

Observation has shown that food handlers in many local shops and market stalls continue to disregard the risks to which they expose those who are misguided enough to purchase from them. Against this, the large multiple store organisations, no matter what emotions and resentment their method of operation arouses in those who dislike mass-produced foods, are doing an excellent job with pre-packing. Admittedly much of this packing is done outside the jurisdiction of the Barnsley Sanitary Authority. Admittedly where very large batches of food are processed together, the consequences of an offence against food hygiene are more widespread and affect a greater number of people. Nevertheless, pre-packing effectively reduces the opportunities of the careless or disinterested shop assistant and the prodding, poking housewife shopper to contaminate food exposed for sale. Furthermore, where large batches of food are involved in a food poisoning incident, the source is inevitably traced much more rapidly and effective measures to eliminate it are instituted earlier. Perhaps after all, G. K. Chesterton's 'Song Against Grocers' is not entirely applicable to those establishments who are making a genuine effort to provide hygienically pre-packed food.

PROVISION OF NEW HOUSES AND STREETS

(1) Number of houses built since the end of the war :

(a) Privately owned 1,720

(b) Council owned 5,703

(2) Number of houses built during 1965 :

(a) Privately owned 344

(b) Council owned 132

No private streets have been made up during 1965.

The following streets have been officially declared highways to be maintained at public expense :

St. Helen's Way (part)

High Street (part)

Lamb Lane (part)

Silverdale Drive

Elm Place

Wainscott Close

Well Lane

Street off Well Lane between Nos. 6 and 8

Street off Well Lane between Nos. 2 and 4

Fleetwood Avenue

Garden House Close

Spring Gardens

Judy Row

Lees Court

Road between Lamb Lane and Fleetwood Avenue

Footpath between Lees Court and Well Lane

Footpath between Garden House Close and Fleetwood Avenue

Devonshire Drive (part)

Melvinia Crescent (part)

Tree Crest Rise

Abbey Lane (part)

Tennyson Road (part)

Shelley Drive

Sheridan Court

Clarence Road (part)

Warwick Road (part)

Hickson Road (part)

Harrington Court

Harold Avenue (part)

Kirk Way

Deansway

Long Causeway

WATER SUPPLY

The following information is supplied in accordance with the requirements of Ministry of Health Circular 1/66.

- (i) Throughout the year the supply was satisfactory both in quality and quantity.
- (ii) Regular examination of both raw and treated water was made in the Department's laboratory with control examinations by a Public Analyst at Sheffield.
Results obtained were :—

Source	No. of samples	No. of Samples with Presumptive Coli Counts	Highest Presumptive Coli Count per ml.
Raw Water			
Midhope Reservoir	46	25	18+
Ingbirchworth Reservoir	46	34	18+
Royd Moor Reservoir	46	32	18+
Treated Water			
Laboratory	163	—	—
Public Analyst	60	1	1

Chemical analyses of all supplies were carried out quarterly and the results were satisfactory.

The fluoride content of the water varied between 0.08 and 0.12 parts per million.

(iii) Plumbo-Solvency

No trace of lead was found in any of the samples examined. All the reservoir waters are treated with lime to remove the possibility of plumbo-solvent action.

(iv) Control of Contamination

All the reservoir waters are filtered and all supplies are chlorinated.

- (v) All the houses in the County Borough have a direct supply.

During 1965 rainfall was recorded as follows :—

Jordan Hill, Barnsley	.....	.....	.....	.....	31.61 inches
Midhope Reservoir	.....	.....	.....	.....	57.39 inches

Fluoridation of Water Supplies

In Ministry of Health Circular 1/66 a specific request was made for information as to the action taken by the Council under Circulars 28/62, 12/63 and 15/65 with a view to the fluoridation of the public water supplies.

Minute of the Council No. 2584, 1962/63 reads

The Town Clerk submitted Ministry of Health circular 28/62 with regard to the above, and reported thereon.

Recommended that consideration of the said circular be deferred to a subsequent meeting of the Committee.

Minute of the Council No. 804, 1963/64 reads

Further to Minute No. 289 the Town Clerk submitted Ministry of Health circular 12/63 intimating that the Minister had now decided to issue a general approval to all local health authorities under Section 28 of the N.H.S. Act 1946 for the addition of fluoride to public water supplies.

Recommended that consideration of this matter be deferred until a subsequent meeting of the Committee.

Minute of the Council No. 1317, 1965/66 reads

The Medical Officer reported on the following Ministry of Health circulars :—

- 12/65—Use of ancillary help in the local authority nursing services.
- 13/65—Refresher and supplementary courses for nursery and allied staff.
- 14/65—Development of local authority health and welfare services.
- 15/65—Fluoridation of water supplies.
- 17/65—Public Health (notification of births) Act, 1965.
- 20/65—Deferment of expenditure on capital projects, etc.

Recommended that the said circulars and report be received.

The hope is expressed that the quotation of the above minutes will provide the information requested in Circular 1/66.

It will be recalled that from 1962 onwards the great desirability of fluoridation of public water supplies as a preventive measure in dental health has been stressed in annual reports on the Health of Barnsley. In addition to this, advice to the same effect has been tendered to the Health Committee on appropriate occasions by the council's professional staff. For the purpose of record, the opinion is formally re-stated once again that the addition of sufficient fluoride to bring the content of the Barnsley public water supply up to 1.0 part of fluoride per million is necessary in that it would greatly improve the dental health of a large proportion of the population without causing deleterious effects to any member of the community.

SEWAGE DISPOSAL WORKS

Effluents from the works at Lundwood and Carlton have almost invariably been good in quality throughout 1965.

FOOD AND FOOD POISONING

No startling improvement was observed amongst shop keepers or market traders in their methods of food handling. Perhaps fewer examples of gross disregard of hygiene were evident. This may well have been the result of having attention drawn to sins of omission and commission when in the past they have obtruded themselves upon the notice of the authority's officers. There is little evidence to the effect that public demand for a higher standard is having its effect, unless this is in an indirect form arising from patronage of those supermarkets and multiple store organisations whose efforts at pre-packing of food are rendering such a service in the cause of better food hygiene. A report of this kind is in no way concerned in the merits of the controversy between the supermarket and the corner shop. The sole concern of this report is to record facts relating to hygiene and express opinions based on these facts. The opinion is therefore expressed here and now that were all food purchased in pre-packed form, then food borne disease would be less common and even if it does occur it would be much more easily controlled. It is suggested that if the proprietor of the corner shop wishes to compete with the supermarket, he looks into his methods of food handling. Sooner or later the attempts that have been made in these reports to stimulate public interest in this will bear some fruit. When they do it may be too late for the smaller firms to take the necessary action.

The actual occurrence of food poisoning in Barnsley in 1965 was largely of academic interest. Without the scheme which has been operating for many years whereby family doctors report and the health department investigate cases of gastric upset, it is likely few of the 15 cases would have been recorded. Five of these were sporadic and the remaining 10 involved four separate families. All the cases were due to *Salmonella* infection and quite a range of organisms was involved. *S.typhimurium* accounted for 4, *S.give*, *S.st. paul* and *S.morbificans boris* for 3 each. Isolations in single cases were made of *S.softenburg* and *S.enteriditis*.

INSPECTION OF THE AREA

In accordance with the Public Health Officers' Regulations, 1959, Article 25(20) (S.R. & O. 1959, No. 962), the following tables and information have been submitted by the Chief Public Health Inspector.

TABLE I
INSPECTION WORK

Total number of Inspections made	.....	.....	.....	.....	6960
Total number of Re-inspections made	.....	.....	.....	.....	3818
Total number of Defects found	.....	.....	.....	.....	1177
Total number of Defects remedied	.....	.....	.....	.....	1153
Total number of Informal Notices served	.....	.....	.....	.....	434
Total number of Formal Notices served	.....	.....	.....	.....	136
Total number of Informal Notices Abated	.....	.....	.....	.....	390
Total number of Formal Notices Abated	.....	.....	.....	.....	106

TABLE II

SUMMARY OF INSPECTIONS MADE

DWELLINGHOUSES :

No. Inspected

	Inspections	Re-inspections
Re : Filthy Condition	3	1
Re : Verminous Condition	120	23
Re : Other Conditions	1539	3195
Houses-in-Multiple Occupation	7	53
Common Lodging Houses	4	—
Tents, Vans and Sheds	324	81
No. of Drains Tested	19	32

Inspection of :

Dairy	25	1
Ice Cream Premises	206	59
Slaughterhouse	46	—
Knackers Yard	7	1
Food Preparing Premises	331	—
Offices, Shops and Railway Premises	1532	118
Markets	299	—
Food Shops	1028	34
Scrap Metal Dealers Premises	50	—
Factories with Power	102	111
Factories without Power	3	—
Animal Boarding Establishments	4	—
Pet Animal Premises	3	—
Bakehouses	61	—
Hawkers Premises	64	—
Hairdressers Premises	38	41
Smoke Control Area Visits	72	—
Cinemas and Theatres	4	15
Premises re Rats	13	12
Offensive Trades	10	—
Smoke Observations	447	—
Smoke, visits to Plant	144	1
Other Premises — Visits and Interviews	504	63
TOTAL NUMBER OF DEFECTS FOUND	1105	72
TOTAL NUMBER OF HOUSES AFFECTED	924	75
TOTAL NUMBER OF OTHER PREMISES AFFECTED	44	15

TABLE III

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwellinghouses :

Internal :

Floors repaired or renewed	11
Walls repaired or renewed	57
Ceilings repaired or renewed	20
Fireplaces repaired or renewed	32
Flues repaired or renewed	8
Windows repaired or renewed	22
Doors repaired or renewed	16
Staircase repaired or renewed	3
Sinks repaired or renewed	8
Waste Pipes repaired or renewed	8
Coppers repaired or renewed	1
Foodstores provided or improved	3
Coal Stores provided or improved	2
Cleansed or Limewashed	—
Freed from Vermin	2
Damp conditions abated	20
Baths Re-glazed	2

External :

Roofs repaired	34
Eaves spouts repaired or provided	24
Eaves spouts cleansed	4
Downspouts repaired or provided	21
Downspouts cleansed	1
Walls repaired or re-pointed	20
Chimney Stacks repaired or re-pointed	9
Doors repaired or renewed	1
Steps repaired or renewed	2
Yard Paved	—
Yard Paving repaired	4

Common Lodging Houses :

Limewashed	2
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Drains :

Cleansed	100
Repaired	26
Re-constructed	2
Self cleansing gullies provided	1

Houses-in-Multiple Occupation :

Hot water provided	1
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Inspection Chambers :

Built	26
Repaired or improved	2

Water Closets :

Provided for houses additional	12
Provided in substitution of waste water closets	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	33
Limewashed and cleansed	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Structure repaired or improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	20
Fittings repaired or improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	48
Lighting or ventilation improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

Waste Water Closets :

Abolished	6
Converted to water closets	33

Ashbins :

Renewed for houses	203
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Bakehouses :

Cleansed or limewashed	17
Premises improved	1
Discontinued	1

Hairdressing Premises :

Premises cleansed	79
Premises improved	1

Dairies :

Cleansed or limewashed	4
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Ice Cream Premises :

Cleansed and limewashed	166
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Slaughterhouses or Knackers Yard :

Cleansed and limewashed	2
Discontinued (Slaughterhouse)	1

Offensive Trades :

Premises cleansed and limewashed	8
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Food Preparing Premises :

Cleansed and limewashed	14
Premises improved	1
Discontinued	1

Food Shops :

Improved	5
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Licensed Premises :

Improved	18
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Catering Establishments :

Premises Improved	1
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Factories :

Cleansed and Limewashed	5
Intervening ventilated space provided	3
Notice of indication provided	2
Artificial light provided	3
Fittings repaired or renewed	1

Other Premises :

Nuisances Abated	1
Total Defects Remedied	1153
Total Houses Affected	719
Total Other Premises Affected	329

TABLE IIIa
HOUSING INSPECTIONS

	Inspections	Re-Inspections
Individual Houses :		
No. inspected and recorded	7	—
Clearance Areas :		
No. of houses inspected and recorded	137	—
Overcrowding :		
No. of houses inspected and recorded	4	1
Improvement Grants	268	4
Certificates of Disrepair	1	4
Common Lodging Houses :		

The one Common Lodging House at 26 Doncaster Road was again conducted in a satisfactory manner and needs no further comment.

Caravan Sites :

The problem of what to do with the itinerant hawker and scrap metal collector is still present, and much time of the inspectorial staff is spent moving them on, only to find in the course of a day or two, that they have set up their caravans and other impedimenta on some other waste piece of ground and the whole process of moving them has to be gone over again with the knowledge that finality will not be reached. 405 visits for this purpose have been made during the year.

In some quarters the view has been expressed that a permanent site should be established for persons of this class, but this is not to be recommended until these people can understand and practice the basic laws of personal hygiene, of which, at present, they do not seem to have the least idea as they quickly accumulate all manner of rubbish and filth in the immediate vicinity of their living quarters.

Factories Act :

The information in respect of factories is set out in Table IV in the form prescribed by the Ministry of Labour.

TABLE IV

FACTORIES ACT 1961

1. Inspections for purposes of provisions as to health.

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	17	3		
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority.	232	274	11	
3. Other premises in which Section 7 is enforced by the Local Authority	—	—		
TOTAL	249	277	11	

2. Cases in which defects were found.

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Reme- died	Referred to H.M.I.	Referred by H.M.I.	
Want of Cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate Ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient					
(b) Unsuitable or defective	11	7			
(c) Not separate for sexes					
Other offences against the Act					
	11	7			

Cinemas and Theatres

19 Visits were made to the two cinemas and premises where occasional stage plays are presented and in no instance was there any cause for complaint.

Offensive Trades

The offensive trades of Tripe Boiling (3), Bone Boiling (1), Fat Extracting (1) and Fellmongering (1) continued to operate without any complaint being made against them.

Knackers Yard

The licence in respect of the Twibell Street premises was renewed and at the end of the year plans had been approved for the provision of improved office accommodation and ablution and changing facilities for the staff.

Smoke Abatement

Although no Smoke Control Areas were declared during the year, the question of the proposed Area No. 4 was again reviewed and the capital expenditure programme approved for 1966/67 included a sum of £34,148 being the estimated expenditure of the Sanitary Committee in carrying out necessary fireplace alterations in houses included in the No. 4 Area, it is therefore hoped that some progress will be made in 1966.

Notice of Intention to Install a Furnace was received in respect of the following seven premises.

A. Hunt & Co., Bowling Centre, Dodworth Road, Barnsley.

Blackwood, Hodge Limited, Rotherham Road, Barnsley.

Proposed Licensed Premises, Rotherham Road, Barnsley. (For Castle Brewery).

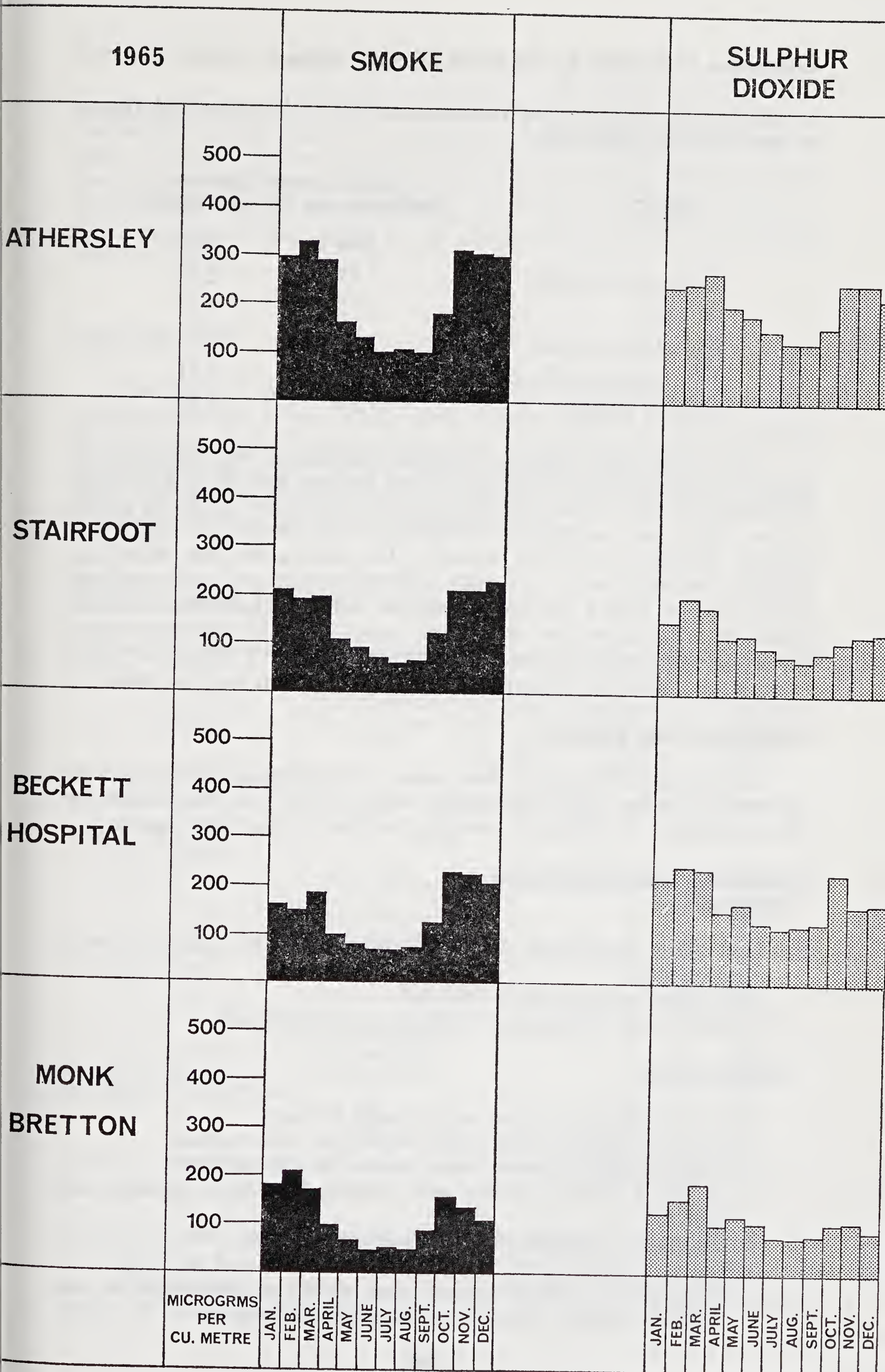
Norman Inn, Burton Road, Monk Bretton, Barnsley.

“Highbury”, Bond Road, Barnsley. (For West Riding County Council).

“Westleigh”, Westville Road, Barnsley. (For West Riding County Council).

Miners Welfare Scheme, Lamb Lane, Monk Bretton, Barnsley.

Prior Approval was requested and granted in respect of The Bowling Centre, Dodworth Road, Barnsley.



Estimation of Sulphur by the Lead Dioxide Method

There has been a slight reduction in 1965 below the 1964 figures as the following table shows.

Station	Average daily figures in Milligrams per 100 sq. centimetre	
	1964	1965
Kendray Hospital	2.45	2.42
Abattoir	2.33	2.22
Girls High School	1.84	1.74
147, Lindhurst Road	1.84	1.41
Carlton Green	1.63	1.59

The smoke and sulphur recording apparatus has continued to operate at the Athersley, Stairfoot, Monk Bretton and Beckett Hospital recording stations. A comparison of the following graph with that shown in the 1964 report indicates a reduction in the amount of smoke and sulphur dioxide at all four stations. The reason for this reduction, though a welcome one, is not easily determined and too much emphasis should not be placed on the comparison which is between successive years only. It is hoped that in a future report it will be possible to show the results obtained from the recording stations over a number of years when a more accurate assessment of the position can then be made.

Hairdressers and Barbers

At the end of the year there were 102 registered persons and 94 registered premises. An improvement was made at one hairdressers by the installation of additional washing facilities in the ladies section.

Disinfection and Disinfestation

Disinfection

35 houses comprising 35 living rooms and 49 bedrooms were disinfected.

20 hospital wards were disinfected.

30 articles of clothing and bedding were disinfected.

Disinfestation

45 Local Authority houses were treated for bugs.

14 Local Authority houses were treated for cockroaches.

12 Local Authority houses were treated for clover mite.

15 Local Authority houses were treated for wasps, earwigs and crickets.

12 Privately owned houses were treated for bugs.

2 Sets of furniture from private houses were treated for bugs.

3 Persons were cleansed and their clothing disinfected at the cleansing station attached to Race Street Baths.

Rodent Control

One sewer treatment was carried out during the year which involved the baiting of 1325 manholes. The results obtained indicated a considerable reduction in the rat population in sewers but unfortunately towards the latter end of the year the number of surface infestations showed a definite increase, the reason for this is not clear but it may be due to alterations to and demolition of old properties and work in connection with new roads.

Swimming Baths

The number of samples of water taken, is as follows :— 17 from the Public Baths, 8 from Raley School Bath and 10 from St. Helen's School Bath, total 35 of which 14 gave unsatisfactory results. A copy of the laboratory report is sent in respect of each sample taken, to the Baths Manager or the Director of Education so that appropriate action can be taken when the report is unsatisfactory.

Details of the 14 Unsatisfactory Samples

Situation	Plate Count 24 hrs. 37°C per millilitre	Probable No. of Coliform Bacilli 2 days 37° per 100 mililitre	Probable No. of Bact. Coli per 100 millilitre	Chlorine Content Parts per Million
PUBLIC BATHS				
Large Bath	11	—	—	0.9
” ”	Uncountable	—	—	0.2
” ”	20	—	—	0.2
” ”	Uncountable	—	—	0.3
” ”	Uncountable	—	—	0.3
” ”	30	—	—	0.3
Small Bath	Uncountable	—	—	0.2
” ”	Uncountable	16	—	0.2
” ”	Uncountable	—	—	Less than 0.1
” ”	Uncountable	—	—	0.5
” ”	Uncountable	—	—	1.4
RALEY SCHOOL				
ST. HELEN'S SCHOOL	24	—	—	0.3
” ”	27	—	—	1.2
” ”	25	—	—	0.1

Rag Flock and Other Filling Materials Act, 1951

There is only one firm in the Borough whose premises are registered under the provisions of the Act.

10 samples of filling materials were taken and on analysis all were found to comply with the appropriate Regulations.

- 2 samples of Kapok
- 2 samples of Woollen Flock
- 2 samples of Down
- 1 sample of Feather and Down
- 2 samples of Feathers
- 1 sample of Terylene

Fertilisers and Feeding Stuffs Act, 1926

The following samples of fertilisers and feeding stuffs were taken and submitted to the Agricultural Analyst.

One informal sample of Fish Manure was deficient in soluble phosphoric acid to the extent of 0.8% but subsequent formal samples were found to be satisfactory.

Fertilisers

Vegerite	.....	.....	.....	.....	.....	.....	.....	1 Sample
Hydrated Lime		.....	.....	.....	.....	.....	.....	2 Samples
Fish Manure	.....	.....	.....	.....	.....	.....	.....	3 Samples
Raw Bone Meal	.....	.....	.....	.....	.....	.....	.....	1 Sample
National Growmore		.....	.....	.....	.....	.....	.....	1 Sample
Liquinure	.....	.....	.....	.....	.....	.....	.....	1 Sample
I.C.I. Plus	.....	.....	.....	.....	.....	.....	.....	1 Sample
Nitro Chalk	.....	.....	.....	.....	.....	.....	.....	1 Sample
Superphosphate		.....	.....	.....	.....	.....	.....	1 Sample
Compure K	.....	.....	.....	.....	.....	.....	.....	2 Samples
Sulphate of Potash	.....	.....	.....	.....	.....	.....	.....	1 Sample
Dried Blood	.....	.....	.....	.....	.....	.....	.....	1 Sample
Hoof and Horn	.....	.....	.....	.....	.....	.....	.....	1 Sample
Basic Slag	.....	.....	.....	.....	.....	.....	.....	2 Samples
Clays Fertiliser	.....	.....	.....	.....	.....	.....	.....	1 Sample
Phostrogen	.....	.....	.....	.....	.....	.....	.....	1 Sample
Sangral	.....	.....	.....	.....	.....	.....	.....	1 Sample
Liquid Manure	.....	.....	.....	.....	.....	.....	.....	1 Sample
Liquid Blood (99.9)	.....	.....	.....	.....	.....	.....	.....	1 Sample
Sulphate of Ammonia	.....	.....	.....	.....	.....	.....	.....	1 Sample
Nitrate of Soda	.....	.....	.....	.....	.....	.....	.....	1 Sample
								—
								26 Samples
								—

Feeding Stuffs

Turkey Rearing Mash	.....	.....	.....	.....	1 Sample
Baby Chick Mash	.....	.....	.....	.....	1 Sample
Layers Battery Mash	.....	.....	.....	.....	2 Samples
Layers Battery Pellets	.....	.....	.....	.....	2 Samples
Chick Crumbs	.....	.....	.....	.....	1 Sample
Poultry Growers Mash	.....	.....	.....	.....	1 Sample
					<hr/> 8 Samples <hr/>

Pet Animals Act, 1951

There is now only one shop licensed to sell pet animals and this has operated satisfactorily throughout the year.

Animal Boarding Establishments Act, 1963

Four premises were licensed during the year the conditions attached to the licences being those set in the Annual Report for 1964.

Closet and Refuse Accommodation

During the year 33 waste water closets were converted to water closets and 12 additional water closets were provided, 6 waste water closets were abolished.

New dustbins were provided to 203 dwellinghouses.

As new sewers are under construction in Wombwell Lane, Stairfoot, and Station Road, Lundwood, it is anticipated that a number of privies will either be converted to water closets or bathrooms with internal water closets will be provided and the privies abolished, during 1966.

Housing

Clearance Areas Declared

Silver Street Clearance Area No. 171	.....	.....	.....	.....	55 houses
Shaw Lane (Carlton) Clearance Area No. 172	.....	.....	.....	.....	29 houses
					<hr/> 84 houses <hr/>

Individual Unfit Houses

Representations made with a view to Closing or					
Demolition	.....	.....	.....	.....	3
Closing Orders made	.....	.....	.....	.....	1
Demolition Orders made	.....	.....	.....	.....	2

Unfit Houses Demolished in Clearance Areas

Clearance Area No. 160

10, 12, 14, 16, 18, 20 Quarry Street, Barnsley 6 houses

Clearance Area No. 166

37, 39, 41, 43, 45 Summer Street, Barnsley 5 houses

Clearance Area No. 167

29, 31, 33, 35, 37, 39, 41, 43 Prospect Street, Barnsley 8 houses

Clearance Area No. 168

45, 47, 49, 51, 53, 55, 57 Cresswell Street, Barnsley 7 houses

—
26 houses
—

Individual Unfit Houses Closed

51 Westgate, Monk Bretton, Barnsley 1 house

24a Shambles Street, Barnsley 1 house

Individual Unfit Houses Demolished by Agreement with Owners

1—39 and 2a—26 Taylor Row, Barnsley 34 houses

365—367 Doncaster Road, Stairfoot, Barnsley 2 houses

7, 9, 11, 13 High Street, Monk Bretton, Barnsley 4 houses

Improvement Grants

34 Discretionary Grants affecting 36 houses, and 199 Standard Grants were made involving an expenditure of £73,306. 10. 8. Work was completed on 49 houses to bring them up to the 12 point standard for Discretionary Grants and 200 houses were improved by the provision of Standard Grant amenities, the amenities provided being as follows :—

Fixed Bath	160	provided
Wash Hand Basin	183	provided
Hot water supply to bath, wash basin, and sink	160	provided
Internal Water Closet	195	provided
Food Storage Facilities	1	provided

Rent Act, 1957

One application for a Certificate of Disrepair was received and granted. Three applications for Cancellation of Certificate of Disrepair were received but only two were granted. In the third case the required work had not been completed.

Prosecutions

In two instances property owners failed to comply with Statutory Notices despite repeated requests, so that there was no alternative but to take proceedings before the Magistrates — details are given below.

Case A—Non-compliance with Statutory Notices under Section 39, 45 and 93 of the Public Health Act, 1936, in relation to a stopped water closet drain, defective roof, ceiling, brickwork of walls and seat of a water closet, and a dirty water closet compartment.

Defendant was fined £10 and a Nuisance Order made for the work to be done within 28 days.

Case B—Non-compliance with Statutory Notices under Section 39 and 45 of the Public Health Act, 1936, in relation to a defective ventilating shaft, a defective fallpipe and defective plaster on the walls of an internal water closet.

Defendant was fined £4 and an order made for the work to be done within 14 days. This Order was not obeyed and eventually the Corporation did the work and charged the owner with the cost.

Offices, Shops and Railway Premises Act, 1963

The work of inspecting premises has gone on rapidly during the year, but one disturbing feature which the inspections revealed is the all too prevalent practice of storing articles of merchandise, in some cases foodstuffs, in water closet compartments, sometimes to the extent that it was impossible to use the water closet. The usual excuse for this practice is the lack of storage space and it must be admitted that in some instances this is a real difficulty.

The number of registered premises over which the local authority exercises control was, at the end of the year, as follows :—

Offices	178 in which 1668 persons were employed
Retail Shops	488 in which 3427 persons were employed
Wholesale Shops and Warehouses	38 in which 496 persons were employed
Catering Establishments open to the Public and Canteens	55 in which 413 persons were employed
Fuel Storage Depots	2 in which 23 persons were employed
	<hr/>
	761
	<hr/>
	6027
	<hr/>

Including general inspections, re-visits and investigation of accidents, there were 1650 visits made to the 761 premises.

The number of contraventions found was 1581, details are given in the following Table.

CONTRAVENTIONS

Contravention	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	Total
Cleanliness S.4		2			2
Temperature S.6	73	221	25	38	357
Ventilation S.7		1		1	2
Sanitary Conveniences S.9	49	127	17	4	197
Washing Facilities S.10	65	177	21	4	267
Supply of Drinking Water S.11	5	3			8
Accommodation for Clothing S.12	2	4			6
Sitting Facilities S.13 & 14	1	8	1		10
Doors, Passages and Stairs S.16	1	13	2		16
First Aid Equipment S.24	60	178	20	28	286
Information for Employees S.50	92	260	32	46	430
Total	348	994	118	121	1581

Five hundred and ninety two letters were sent out to owners and occupiers drawing their attention to the contraventions and setting out the work necessary to comply with the requirements of the Act.

121 letters in respect of Offices.

380 letters in respect of Retail Shops.

40 letters in respect of Wholesale Shops and Warehouses.

51 letters in respect of Catering Establishments and Canteens.

592

It has not been possible to do re-inspections of all premises, but where re-inspections have been made the following requirements were found to have been complied with and letters were complied with in respect of 32 Offices, 51 Retail Shops, 5 Wholesale Shops and Warehouses, and 5 Catering Establishments and Canteens.

Contraventions Remedied	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	Total
TEMPERATURE S.6					
Thermometers Provided	17	25	4	5	51
SANITARY CONVENIENCES S.9					
Provided		1			
Notice of indication of sex	5	1			7
WASHING FACILITIES S.10					
Hot running water provided	2	5			
Notice of indication of sex	2				9
FIRST AID PROVISIONS S.24					
First-aid box provided	11	28	3	2	44
INFORMATION FOR EMPLOYEES S.50					
Abstract provided	19	38	3	5	65

During the year 59 accidents were reported, none of which were fatal, and in all cases excepting one, the matter was investigated and it is proposed to continue this procedure in the future, as 'on the spot' investigation has, in many cases, revealed information which was not available from a perusal of the "Notice of Accident". The fact that only 59 accidents were reported and that some of the larger firms reported several accidents during the year, suggests that some firms are neglecting to report or are unaware that they should do so. Informal advice to prevent similar accidents was given in respect of two retail shop accidents and two accidents in wholesale shops.

Reported Accidents

Offices	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Retail Shops	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	38
Wholesale Shops and Warehouses	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Catering Establishments and Canteens	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8
											—
											59
											—

ANALYSIS OF REPORTED ACCIDENTS

Accident Due to	Offices			Retail Shops			Wholesale Shops and Warehouses			Catering Establishments and Canteens		
	Men	Women	Boys Girls Total	Men	Women	Boys Girls Total	Men	Women	Boys Girls Total	Men	Women	Boys Girls Total
Machinery				2		1	4					
Transport					1		1					
Falls of Persons	3		3	2	5	4	11	3		4		4
Stepping on or Striking against object or person	2		2	1	2	1	5			1		1
Handling Goods			1	3	6	3	13	3		1		1
Electricity										1		1
Use of Hand Tools				3			3					
Not Otherwise Specified	1		1		1		1			1		1

Supervision of Food Premises and Inspection of Food

List of Food Premises

Type	Number
Bakehouses	19
Breweries	1
Butchers Shops	70
Catering Establishments	39
Clubs	47
Flour Confectionery Shops	32
Food Preparing Premises	55
Fried Fish Shops	55
Fruit and Vegetable Retailers	34
Fruit and Vegetable Wholesalers	3
Grocers and Provision Dealers	231
Hawkers Food Storage Premises	56
Hotels and Public Houses	97
Ice Cream Manufacturers	5
Ice Cream Retailers	309
Milk Depots	2
Mineral Water Manufacturers	3
Off Licence Premises	79
Premises from which Milk is Sold	130
School Kitchens	26
Slaughterhouses	2
Sugar Confectionery Shops	67
Tripe Boilers	3
Wet Fish Shops	7
Wholesale Grocery Warehouses	6
Works Canteens	22

IMPROVEMENTS IN FOOD PREMISES

PREMISES	Wash Basins Provided	Hot Water Supply Provided	Premises Cleansed and Redecorated	Fixtures and Fittings Improved	Walls Repaired	Ceilings Repaired	W.C.'s Provided or Improved	New Premises Provided	Premises Discontinued
Bakehouses			6	1			3		1
Food Preparing Premises	1	1	5				1		
Hawkers Vehicles	1		1	1				2	5
Food Shops	5	5	2	2			3	3	7
Catering Establishments		1	5	1			1	3	1
Fried Fish Shops			3	1		1		2	
Licensed Premises	5	4			1		7	4	

HAWKERS OF FOOD AND FOOD STORAGE PREMISES

12 Hawkers of food were registered during the year.

8 Hawkers food storage premises registered.

16 Hawkers of food discontinued during the year.

5 Hawkers food storage premises discontinued during the year.

Total hawkers on register 92.

Total hawkers food storage premises on register 56.

Milk Supply

The number of distributors of milk on the register at the end of the year was 130.

Licences for Designated Milk

The licences in operation during 1965 were as follows :—

1 Dealers (Pasteurisers) Licence.

3 Dealers Licences to use the designation “Pasteurised” or “Sterilised”.

126 Dealers Licences to use the designation “Untreated”.

Bacteriological Examination of Milk

The following tests were carried out on samples of milk to determine whether or not the milk conformed to the prescribed standards. It will be noted that three samples of Untreated Milk and three samples of Pasteurised Milk failed the Methylene Blue Test. All six samples were taken from milk vending machines situated in canteens and one is therefore led to wonder if the person responsible for filling the vending machines, is careful to ensure that unsold cartons of milk are dealt with in a proper manner. In every instance the attention of the milk producer and the owner of the canteen, was directed to the unsatisfactory result of the test.

Bacteriological Examination of Milk

Methylene Blue Test

60 samples of Untreated Milk—57 Satisfactory—3 Unsatisfactory.

33 samples of Pasteurised Milk—30 Satisfactory—3 Unsatisfactory.

Phosphatase Test

31 samples of Pasteurised Milk—31 Satisfactory.

Turbidity Test

13 samples of Sterilised Milk—13 Satisfactory.

Test for B. Tuberculosis

18 samples of Untreated Milk—18 Negative.

Brucella Abortus

38 samples of Untreated Milk—38 Negative

Test for Anti-biotics

6 samples of Untreated Milk—6 Negative.

Ice Cream

A bacteriological examination was carried out on 204 samples of Ice cream with the following results.

Type	Total Samples	Grade I	Grade II	Grade III	Grade IV
Heat Treated	203	200	3	—	—
Complete Cold Mix	1	1	—	—	—

30 samples of Ice Cream were analysed to determine their fat content, the legal minimum requirement being 5%, and the following table shows the results obtained.

- 2 Samples contained between 5 and 6 per cent.
- 3 Samples contained between 6 and 7 per cent.
- 2 Samples contained between 7 and 8 per cent.
- 2 Samples contained between 8 and 9 per cent.
- 13 Samples contained between 9 and 10 per cent.
- 9 Samples contained between 10 and 11 per cent.
- 7 Samples contained between 11 and 12 per cent.

From the above results of both bacteriological examination and analysis, it will be seen that the Ice Cream sold in Barnsley is of a satisfactory standard.

Meat and Other Foods

The slaughtering of animals for food in private slaughterhouses has now ceased, the one private slaughterhouse in Westgate was closed at the end of March as the development of the surrounding land made the premises unusable, therefore all slaughtering is now concentrated at the Public Abattoir.

Animals Slaughtered and Inspected

	Public Abattoir	Private Slaughterhouse (discontinued 31/3/65)
Beasts	11599	47
Sheep	34763	31
Calves	140	35
Pigs	24909	33
	<hr/> 71411 <hr/>	<hr/> 146 <hr/>

Fresh Meat Condemned

	Public Abattoir	Private Slaughterhouse
Beef	3433 lbs.	
Beef Offal	38101 lbs.	124 lbs.
Mutton	2199 lbs.	
Mutton Offal	7549 lbs.	
Veal	1116 lbs.	
Veal Offal	271 lbs.	2 lbs.
Pork	7197 lbs.	
Pork Offal	4237 lbs.	
	64103 lbs.	126 lbs.

32 tons. 12 cwts. 1 qr. 11 lbs.

1 cwt. 14 lbs.

Total : 32 tons. 13 cwts. 1 qr. 25 lbs.

TABLE VIa
ABATTOIR

Carcases and all Organs Condemned

Animal	Inflammatory Diseases	Other Bacterial Diseases	Accident	Tuber- culosis
Bulls				
Bullocks	1			
Heifers	1			
Cows	3	1		
Sheep	53	1	2	
Calves	9	3		
Pigs	21	4		1

TABLE VIIa
ABATTOIR

Carcases Partially Condemned

Animal	Tuberculosis	Accident
Bullock		1
Heifer		1
Cow		1
Sheep		6
Pigs	1	3

TABLE VIIIa

ABATTOIR

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
Tuberculosis											
Pigs	308	308	2	2	16		1			18	18
Inflammatory Diseases :											
Bulls			1	3		2					
Bullocks			45	24	3	141	32	3		6	6
Heifers			18	12	1	30	4	1			
Cows			13	116	1	48	6		278	3	3
Sheep			2	9		6	2	2			
Calves			2	2			2				
Pigs	1	1	124	326	12	11	125			18	18
Parasitic Diseases :											
Bulls				2			1				
Bullocks	56	56	13	357			16				
Heifers	33	33	3	186			20				
Cows	9	9	3	108			5				
Sheep			1227	1512			1227				
Pigs			62	135			62				
Other Bacterial Diseases :											
Bulls	2	2		4							
Bullocks	30	30	23	381	1	1	2			2	2
Heifers	17	17	4	121		2	1				
Cows	8	8	3	48		2			8		
Sheep				1							
Pigs	10	10	1	4			1			1	1

TABLE VIIIb
PRIVATE SLAUGHTERHOUSE
Various Organs Condemned as Unfit for Human Consumption

	Lungs	Livers	Udders
Inflammatory Diseases :			
Heifer	1		
Cows	1	2	5
Calves	2	1	

TABLE IX
Analysis of Inspection of Meat

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	10015	1631	175	34794	24942
Number inspected	10015	1631	175	34794	24942
All Diseases except Tuberculosis and Cysticerci					
Whole carcasses condemned	2	4	12	56	25
Carcasses of which some part or organ was condemned	1269	417	4	1534	537
Percentage affected with disease	12.7	25.8	9.1	4.5	2.2
Tuberculosis only					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	—	—	—	—	332
Percentage affected with disease	—	—	—	—	1.3
Cysticercosis					
Carcasses of which some part or organ was condemned	137	15	—	—	—
Carcasses submitted to treat- ment by refrigeration	22	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

Other Foodstuffs Condemned and Voluntarily Surrendered

Fresh Meat from Shops

Beef	628½ lbs.
Mutton	950 lbs.
Pork	511 lbs.

Fruit and Vegetables

Fruit	357 lbs.
Vegetables	1138 lbs.

Other Foods

Ducks	24 lbs.
Poultry	554 lbs.
Bacon and Ham	3591 lbs.
Cheese	4119 lbs.
Eggs	87 lbs.
Butter	3344 lbs.
Cereals	1229 lbs.
Tea	794 lbs.
Bread and Biscuits	7187 lbs.
Fish	20 lbs.
Raisins	43 lbs.
Nuts	44 lbs.
Potato Crisps	222 lbs.

Prepared Foods

Sausage	252½ lbs.
Meat Pies	15 lbs.
Cooked Meats	204 lbs.

Preserved Foods

21932 tins and packages	20308½ lbs.
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Summary of Food Condemned

	Tons	Cwts.	Qrs.	lbs.
Fresh meat from Abattoir	32	12	1	11
Fresh meat from Private Slaughterhouse		1		14
Meat from Shops		18	2	17½
Fruit and Vegetables		13	1	11
Other Foods	9	9	3	6
Prepared foods		4		23½
Preserved foods	9	1	1	8½
Total	53	0	3	7½

The condemnation of nearly 9½ tons of Other Foods is an abnormal amount, very largely due to condemnations following a fire at one large store where many foodstuffs were damaged by fire, smoke and water.

Cysticercus Bovis

This parasite was found in the carcase or organs of 152 animals, in 23 cases the cysts were viable and consequently both carcasses and organs were refrigerated. The 23 cases comprised 1 cow, 6 heifers, and 16 bullocks.

The remaining 129 cases where degenerate cysts were found, consisted of 63 bullocks, 51 heifers, 14 cows, and 1 bull, the affected organs were condemned in every case and the carcasses released as fit for food.

Special Examination of Foodstuffs

- Coconut**—2 samples for salmonella—no pathogens isolated.
- Milk Bottle Contents**—contained pellets of a dark substance—found to be mouse droppings.
- Corned Beef**—complaint of abnormal taste—nothing abnormal found.
- Potato Crisps**—contained a small dark mass—found to consist of potato and fat.
- Bread**—contained an insect—found to be a house fly.
- Fish-cake**—contained an insect—found to be a blow fly.
- Cereal Food**—contained an insect—found to be a food-moth.
- Stewed Steak (tin)**—contained a hairy substance—found to be a fragment of cow's hide.
- Teacake**—contained a foreign body—found to consist of orange peel.
- Canned Peaches**—complaint of abnormal taste and smell—no evidence of abnormality.

Other Special Bacteriological Examinations

- Canteen Crockery**—6 swabs taken, colony count per utensil varied from 0 to 60. No coliforms or pathogens were isolated.

FOOD AND DRUGS

18 samples of milk and 196 samples of other foods were obtained and sent to the Public Analyst for analysis.

The average composition of the milk samples was 3.99% Milk Fat and 8.71% Milk Solids other than Milk Fat. These figures are well above the presumptive standard of 3.0% Milk Fat and 8.5% Milk Solids other than Milk Fat, for genuine milk and this despite the fact that three samples were below the presumptive standard for Milk Solids other than Milk Fat, two being slightly deficient and the other deficient to the extent of 7.1%, details are given below.

Sample No.	Adulteration	Remarks
8738 Informal	Slightly deficient in Milk Solids other than Milk Fat	Sterilised Milk Vendor warned by letter
8893 Formal	Deficient in Milk Solids other than Milk Fat 7.1%	} Producer warned by letter
8894 Formal	Slightly deficient in Milk Solids other than Milk Fat	
		Appeal to Cow Refers to No. 8893

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1965**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Anestan Tablets	1	1				1	
Almond Oil	1	1				1	
Antiseptic Cream	1	1				1	
Agarol	1	1				1	
Angelica	1	1				1	
Beef Dripping	1	1				1	
Bile Beans	1	1				1	
Black Pudding	1	1				1	
Brown Sugar	1	1				1	
Beef Suet	2	2				2	
Boracic Acid Powder	1	1				1	
Bran Flakes	1	1				1	
Brimstone and Treacle	1	1				1	
Brewers Yeast Tablets	1	1				1	
Butter	2	2				2	
Butter Mint Candies	1		1		1		
Cornflour	1	1				1	
Corn Oil	1	1				1	
Creamed Sago	1	1				1	
Crystallised Ginger	1	1				1	
Casserole Steak	1	1				1	
Codliver Oil Cream	1	1				1	
Cooked Rice	1	1				1	
Cough Specific	1	1				1	
Cough Syrup	1	1				1	
Crampex Tablets	1	1				1	
Cheese	1	1				1	
Chicken Breast	1	1				1	
Clarkes Blood Mixture	1	1				1	
Cranberry Sauce	1	1				1	
Cream Cakes	1	1				1	
Cream	1	1				1	
Cream of Magnesia	1	1				1	
Cut Mixed Peel	1	1				1	
Christmas Pudding	1	1				1	
Cockles	1	1				1	
Cystopurin	1	1				1	
Camphorated Oil	1	1				1	
Cocoa	1	1				1	
Coldrex	1	1				1	
Cooking Fat	1	1				1	
De Witts Pills	1	1				1	
Drinking Chocolate	2	2				2	
Ellimans Fibro Cream	1	1				1	
Embrocation	1	1				1	
Evaporated Milk	3	3				3	
Expectorant Linctus	1	1				1	
Endrine	1	1				1	
Froment	1	1				1	
Fish Cakes	2	2				2	
Farlene	1	1				1	
Fenning Fever Mixture	1	1				1	
Fruit and Malt Cake	1	1				1	
Goune	1	1				1	
Grapefruit	1	1				1	
Grapejuice	1	1				1	
Glaubers Salt	1	1				1	

Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1965

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Grilled Mushrooms	1	1				1	
Haliborange	1	1				1	
Health Salts	1	1				1	
Ice Cream	38	38				38	
Instant Mashed Potato	1	1				1	
Instant Non-fat Milk	2	2				2	
Instant Postum	1	1				1	
Instant Whip	1	1				1	
Iron Jelloids	1	1				1	
Indian Tonic Water	2	2				2	
Kruschen Salts	1	1				1	
Lemons	1	1				1	
Lime Juice Cordial	1	1				1	
Lambs Tongues	1	1				1	
Liquifruta	1	1				1	
Lard Lemon Curd	1	1				1	
Lystone Salts	1	1				1	
Meat Pudding	1	1				1	
Menoroids	1	1				1	
Marmalade	2	2				2	
Maize Oil	1	1				1	
Mustard	1	1				1	
Marzipan	1	1				1	
Meringue Powder	1	1				1	
Mincemeat	3	3				3	
Molasses Tablets	1	1				1	
Nurse Harvey's Mixture	1	1				1	
Nesquick	1	1				1	
Non Alcoholic Cordial	1	1				1	
Optrex	1	1				1	
Orange and Passion Fruit Drink	2	2				2	
Oatmeal	1	1				1	
Paracetamol	1	1				1	
Pease Pudding	1	1				1	
Petralagar	1	1				1	
Pie (Pork)	3	3				3	
Pudding (Steak and Kidney)	1	1				1	
Pure Lemon Juice	1	1				1	
Pineapple Juice	1	1				1	
Polony	1	1				1	
Quaker Oats	1	1				1	
Quick Vapour Rub	1	1				1	
Raspberry Pie Filling	1	1				1	
Ryvita	1	1				1	
Raspberry Jam	2	2				2	
Rhuaka	1	1				1	
Rapid Energy Tablets	1	1				1	
Rilchoc	1	1				1	
Sago	1	1				1	
Sausage (Pork)	7	6	1			6	1
Seedless Raisins	1	1				1	
Scotch Porridge	1	1				1	
Self Raising Flour	2	2				2	
Sponge Mixture	1	1				1	
Steakette	1	1				1	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1965**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Salmon Spread	1	1				1	
Salt	1	1				1	
Sandersons Throat Specific	1	1				1	
Syrup of Figs	1	1				1	
Salmon and Anchovy Paste	1	1				1	
Spring Health Drink	1	1				1	
Sultanas	2	2				2	
Sweet Corn	1	1				1	
Tomato Juice	1	1				1	
Tea	1	1				1	
T.C.P.	1	1				1	
Vitamin C Tablets	2	2				2	
Vitadatio	1	1				1	
Valderma	1	1				1	
Vitamin Yeast Tablets	1	1				1	
Witch Hazel	1	1				1	
Worm Syrup	1	1				1	
Whole Wheat Flour	1	1				1	
Yeast Vite	1	1				1	
Yoghourt	1	1				1	
Yogfruit	1	1				1	
Zephrein	1	1				1	
	196	194	2		1	194	1

**PARTICULARS OF OTHER FOODS
ADULTERATED SAMPLES**

Sample No.	Article	Adulteration or Offence	Remarks
8820 Informal	Pork Sausage	Contained 47.6% fat, 24.6% fat free meat. The sample contained a large excess of fat.	Retailer warned by letter
8872 Formal	Butter Mint Candies	Deficient in Butter fat 20.7%	Further samples to be taken

PROSECUTIONS FOR VARIOUS OFFENCES IN CONNECTION WITH FOOD

The fact that 24 prosecutions took place during the year for offences in connection with the sale of food, together with a further two offences which were not prosecuted, is an indication of the increasing readiness of purchasers to bring to the notice of the Department, incidents which they consider to be a failure of the vendor to supply them with a wholesome article. Whilst this is to be encouraged, it would also be helpful if customers would inform the Department when they see unhygienic practices taking place in shops where food is sold, as, even if legal action could not be taken the shop keeper could be informed of the nature of the complaint and advice given to prevent any further complaint. Action of this kind would help to raise the general standard of hygiene in food shops, which, whilst generally satisfactory, could be improved in some instances.

The following is a list of the prosecutions which took place and this is followed by details of cases where, for various reasons, it was not considered advisable to prosecute.

Case A—Sale of mouldy Steak and Kidney Pie.
Fined £10.

Case B—Sale of Milk in Dirty Milk Bottle.
Fined £5.

Case C—Sale of tin of Luncheon Meat containing a Screw.
Fined £1.

Case D—Sale of a Loaf of Bread containing a Bird's Feather.
Fined £5.

Case E—Sale of a Mouldy Loaf of Bread.
Fined £5 and costs.

Case F—Sale of Mouldy Pork Pie.
Fined £5.

Case G—Use of Unregistered Premises for the Storage of Food.
Fined £2.

Case H—Delivery of Unwrapped Bread on a Dirty Bakery Tray.
Fined £20.

Case I—Sale of a Teacake containing a Piece of Cement.
Fined £10.

Case J—Sale of a Bottle of Mineral Water containing Metal Foil.
Fined £5.

Case K—Sale of Milk — Milk Bottle containing Mouse Droppings.
Case dismissed.

Case L—Sale of Loaf of Bread containing an Insect.
Fined £25.

Case M—Sale of Meat Pie containing Maggots.
Fined £5 and costs.

Case N—Sale of a tin of Stewed Steak containing a Piece of Hide.
Fined £5.

Case O—Sale of a Custard Pie containing a Piece of String.
Fined £15.

Case P—Sale of a tin of Green Beans containing a piece of Sacking.
Fined £5.

Case Q—Sale of Fishcake containing a Blowfly.
Fined £5.

Case R—Exposure for sale of Meat not bearing an indication of origin and selling meat to which a false trade description had been applied.
Fined £10.

Case S—Sale of tin of Tomatoes containing a Caterpillar.
Fined £5.

Case T—Sale of a Mouldy Loaf of Bread.
Fined £25.

Case U—Sale of Chocolate Toffee Rolls containing Maggots.
Fined £10.

Case V—Sale of Milk in Dirty Milk Bottle.
Fined £5.

Case W—Sale of Mouldy Vanilla Slices.
Fined £5.

Case X—Sale of Sausage containing a Fly.
Fined £10.

OTHER FOOD OFFENCES NOT PROSECUTED

Case A—Sale of tin of Tomatoes containing a Grub. Warranty given to vendors by exporters.

Case B—Sale of a Mouldy Loaf of Bread. Supplier and vendor warned by letter.

PART VII

SCHOOL HEALTH

Live as long as you may, the first twenty years are
the longest half of your life.

“The Doctor”, ch. 17.

Robert Southey, 1774 — 1843

The continuing development of the National Health Service would appear to result in it encroaching more and more upon what has been regarded as the particular field of the School Health Service. In actual fact, this is only partially true. The impression that it is so arises largely from circumstances surrounding the history of the medical care of children in schools. When school medical inspection was authorised by the Education (Administration Provisions) Act 1907 as a result of the report of the Committee on Physical Deterioration, the art and science of paediatrics was barely known. The community was by no means health conscious and for the large majority of the people, doctors were only consulted to arrest impending death, actual or imagined. School at that time was about the only place where medical inspection of a large group of children could be organised, thus it came that the school health service pioneered the detection and treatment of defects theoretically before they began to produce obtrusive symptoms.

During the past half century, a very great deal has been achieved in this way, not the least of which is health education incidental to the constant association between the schools and the medical and nursing professions. The development of the National Health Service in the past seventeen years has, however, greatly altered the position. School is no longer the first place whereat the vast majority of the population first encounter a doctor or a nurse. Congenital abnormalities, however trivial, should they manifest themselves, are notified to the health authority within hours of birth. The combined efforts of general practitioners, midwives, health visitors and hospital staffs, together ensure early remedy or where this is impossible, supervision and remedial measures at the earliest possible age. The result of all this is that by reason of the fact that from birth everyone has a doctor, a very large proportion of defects requiring treatment have been dealt with effectively before the child enters school. In addition to this, what escapes the general practitioner is caught at the infant welfare centre. At the entrant examination, known defects are recorded rather than unsuspected ones detected. The child is usually already under the care of the family doctor, thus the task of the school health service is reduced to supervision and consultation with the practitioner.

The fact that “everyone in the country is some doctor’s patient” has greatly reduced the work done at minor ailment clinics. Apart from this, attendances at these were falling off in any case on account of the marked improvement in health and physique which has been noted and commented upon in these reports for a number of years past. All this reduces the material for comment on school health and renders it

increasingly difficult to present this part of the report in an interesting and stimulating form. This difficulty must necessarily increase as the health services become more and more integrated.

It will be observed that there is a slight decrease in the numbers of routine inspections carried out. This is due, as is usually the case, to staffing problems and need not cause any concern. Every effort has been made to ensure that the crucial entrant inspections have been kept up to date, that leaver inspections have been carried out and that special supervision has been given to children of known problem families and to handicapped pupils.

Mention has been made in the past of experiments in selective medical inspection in the schools. So far, such experiments as have been carried out in Barnsley have been done on a very limited scale. The feeling after each of these had been completed was that there was some local factor or other which made it desirable to return to the old tried methods. Recent developments in the health service, however, make it clear that sooner or later these time honoured ways must be forsaken. Alternatives must be devised which avoid medical officers examining repetitively larger numbers of perfectly normal children as a major part of their life's work. During the next two or three years, attention will be directed towards this in Barnsley with a view to making more effective use of the medical manpower available. Opportunities for this will certainly arise as the three parts of the National Health Service become more and more closely integrated.

The position regarding school clinics remains much as it has been over recent years. A great deal of the work being done is for members of problem or near problem families. At the same time an increasing amount of attention has been paid to children absent from school who give health reasons for absence. Such children are examined and if necessary, re-examined and the education authority is provided with reports indicating the validity or otherwise of the claimed causes of absences. The clinics for school children held by the various members of the consultant staff of the hospitals continue to do invaluable work, particularly amongst handicapped pupils.

The school nurses, as in previous years, spent a fair proportion of their time in efforts to ensure cleanliness and in doing so succeeded in increasing once again the number of cleanliness inspections carried out. This would appear to be a particularly important factor in the conflict against verminous infestation. The knowledge that inspections are frequent and inevitable stimulates the certain types of would be lazy mothers into activity with the comb and shampoo more effectively than the notice advising of infestation.

The various specialist and ancillary arrangements which forms so important a part of the school health service have operated most satisfactorily during the year. It will be observed that speech therapy, audiometry, child guidance, physiotherapy and ophthalmological examination and supervision are all readily available to the school medical officers who make full use of them.

The improvement noted in the school dental services during 1964 was continued during 1965 and that part of the following pages which have been contributed by the principal school dental officer makes such satisfying reading that any comment at this point is unnecessary.

SCHOOL HYGIENE

The steady improvement in school hygiene continues in parallel with the development of the new housing estates and the clearance of the slum areas. Thus overcrowding is relieved in the older schools as the children from the re-housed families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the re-settlement of the population, with the result that from time to time, bottlenecks occur. Provided there is some elasticity in the Central Government decrees on expenditure on new schools these bottlenecks tend to be of short duration, and such overcrowding as may occur as a result of them is of little importance. In any case overcrowding in new schools designed to conform to modern standards is not comparable as an evil to that which occurs in old schools which have outlived the standards to which they were built.

The practice whereby the head teacher and the school medical officer consult on problems of hygiene on the occasion of each medical inspection was continued and proved effective in dealing with day to day problems. Records of these discussions continued to be maintained.

MEDICAL INSPECTION

The total number of children examined at routine medical inspection was 3,408 ; of these 1,076 were born in 1958 or later and may be regarded as having been subject to entrant examinations. 355 fewer inspections were done than in 1964. Details of the age groups examined and the findings as to physical condition are set out in Table Ia of the appendix to this part of the report. A total of 5,772 special inspections, including re-inspections was carried out, compared with 6,931 in 1964.

The vision of all pupils in the entrant groups is tested within one year of entry. Vision tests are repeated thereafter at two year intervals through the child's school life. Vision tests are carried out in the first instance by the school nurse. Tests for colour vision are carried out on both girls and boys by the school medical officers when they have reached 14 years of age.

Audiometric testing is carried out by the audiology technician on all pupils within one year of entry to school.

FINDINGS OF MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table II in the appendix to this part of the report.

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. Only 0.5 per cent of the children inspected were classified as of unsatisfactory physical condition. Last year the figure was 0.32 and in 1963, 0.79. Having regard to the factors involved this figure leaves very little room for improvement and confirms the remarks made elsewhere regarding the future activities of the school health service.

The total number of children found to require treatment for defects was somewhat higher than in the previous year — 357 as against 317 in 1964. The details relating the various age groups to medical inspection are set out in Table IA.

Uncleanliness

The number of individual children found to be infested with vermin was 619 compared with 593 last year. The number of inspections carried out was 34,382 or 2,867 more. Where a group of cases of infestation occur in a large school, the repeated inspections necessary for supervision readily increases the overall number of inspections done. It will also be noted that 73 cleansing notices were issued in 1965 compared with 87 in the previous year. No cleansing orders were made. There is no doubt that this vigorous action has not been without its effect.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 140 as compared with 122 in the previous year and 196 in 1963.

Squint called for reference for treatment in a total of 15 cases — this compares with 7 cases in 1964. Other eye conditions accounted for a total of 5 cases requiring treatment — in 1964 the number was 4.

Reference to Table II shows the figures set out as to whether defects were present in “entrants”, “leavers” or others.

Ear, Nose and Throat Defects

Reference to Table II will show that 23 children were referred for treatment on account of defective hearing — this figure compares with 40 children reported in 1964. Otitis Media shows a decrease of 9 cases. Nose and throat defects with a total of 93 requiring treatment compare with 59 detected in 1964.

Orthopaedic and other defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and III in the appendix to this part. In no case are the figures unusual or excessive in relation to the numbers of children inspected in the various groups.

Arrangements for Treatment in 1965

Consultation Services

Medical Services Clinic, New Street, Barnsley.

Ear, Nose and Throat Clinic :

Tuesday—2-30 p.m. to 4-30 p.m.

Wednesday—10 a.m. to 12 noon.

Thursday—9-30 a.m. to 12 noon.

Eye Clinic :

Monday—9-30 a.m. to 12 noon.

Thursday—2 p.m. to 4 p.m.

Orthopaedic Clinic :

Monthly—First Friday in the month.

School Medical Officers Consultation Clinics :

Wednesday—9-30 a.m. to 12 noon.

Saturday—10 a.m. to 12 noon.

Dental Clinics :

New Street Clinic—2 surgeries—

Monday to Friday—9 a.m. to 12 noon and 2 p.m. to 5 p.m.

Athersley Clinic—1 surgery—

Monday to Friday—9 a.m. to 12 noon and 1-30 p.m. to 4-30 p.m.

Lundwood Clinic—1 surgery—

Monday, Tuesday, Wednesday—9 a.m. to 12 noon and 2 p.m. to 5 p.m.

Thursday—2 p.m. to 5 p.m. Friday—9 a.m. to 12 noon.

Orthodontics

New Street Clinic—Wednesday 2-30 p.m. to 5-30 p.m.

Athersley Clinic—As required during Normal Treatment Sessions.

Lundwood Clinic—As required during Normal Treatment Sessions.

Minor Ailments Clinics :

- Barnsley—Medical Services Clinic, New Street
Monday—Saturday 9-30 a.m. to 11-30 a.m.
- Athersley—The Clinic, Laithes Lane, Athersley North
Monday—9-30 a.m.
- Ardsley—The Clinic, Hunningley Villa, Hunningley Lane, Stairfoot.
Monday—9-30 a.m.*
- Lundwood—The Clinic, Pontefract Road, Lundwood
Monday—9-30 a.m.
- Carlton—Old Highways Depot, Spring Lane, Carlton
Thursday—10 a.m.*
- Monk Bretton—The Clinic, High Street, Monk Bretton
Friday—10 a.m.*

* In conjunction with Infant Welfare Clinics.

Ultra-Violet Light Clinics and Physiotherapy

New Street Clinic—By appointment with the Physiotherapist.

Speech Therapy

New Street, Athersley and Lundwood Clinics—By appointment with the Speech Therapist.

Audiometric Testing

New Street Clinic—By appointment.

Nutrition

The continued increase in the standard of living makes under-nourishment in its classical form a relatively rare condition. Cases do, however, occur from time to time of malnutrition which arise from parental inability to ensure that the best use is made of dietary materials available. This may be due either to ignorance or to “spoiling” by providing articles demanded rather than a properly balanced diet which is not so acceptable to the individual child. School meals and school milk have proved almost as valuable in dealing with this problem as with frank undernourishment. There is one type of case, however, where they fail. This is where the parents of the spoiled child hold the view that there is something inferior about articles of diet provided by the Education Authority. Fortunately, this outlook is not frequently encountered but when it does occur, the treatment of the children involved proves extremely difficult.

School Meals	1964	1965
Provided free	192,269	210,761
Provided at ½ of full charge	432	—
Provided at full charge	1,209,439	1,346,305
2,124,904 bottles of milk were supplied to children in schools.		

Uncleanliness

Arrangements for the treatment of cases of uncleanliness continue as before. Cleansing and disinfecting facilities exist at New Street Clinic and are available for use at the parents' request. They are also used by the school nurses when statutory action under the Education Act 1944, S.54(5) becomes necessary.

Minor Ailments

Reference to the Clinic time tables shows that the existing arrangements were continued during 1965.

Eye Diseases — Defective Vision and Squint

The highly satisfactory arrangements described in previous reports continue. A stable arrangement with the Sheffield Regional Hospital Board has allowed an increasing number of children to receive attention for eye defects.

The consultant clinic was held twice weekly at the New Street premises by Dr. Kamaluddin, the ophthalmologist S.H.M.O. appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in the appendix to this report, Table III.

Ear, Nose and Throat Defects

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, continues to conduct two consulting sessions each week at the New Street Clinic. Examination of the number of cases treated shows an appreciable increase over the previous year. Table III.

Audiometric Testing

The health authority's audiology technician who carries out the audimetric testing of school children undertook the following work during the year.

(a) Tests undertaken at New Street Clinic 898

These were carried out on children referred by the ear, nose and throat consultant, school medical inspection, occasionally by the speech therapist and as re-test from school sweeps.

(b) School Sweep Testing :

Number of children tested on school premises 2,272

Orthopaedic and Postural Defects

The existing arrangements for orthopaedic examination and treatment have been continued throughout the year.

The Orthopaedic Surgeon held sessions at New Street Clinic on 11 occasions and at these he saw 52 new cases and carried out 112 re-examinations.

The work done by the physiotherapist in the school health service is as follows :

Treatment for postural and other defects :

Number of patients treated	.....	.....	.....	.....	.....	19
Number of attendances made	.....	.....	.....	.....	.....	256

Mount Vernon School :

Number of visits	.....	.....	.....	.....	.....	.....	.....	39
Number of treatments	.....	.....	.....	.....	.....	.....	.....	311

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see appendix, tables IIIC and V).

Child Guidance

Development of the Child Guidance Service continues along the lines outlined in previous reports. Particular efforts were made to co-ordinate certain aspects of the work of this service with the mental health work of the health authority by the attendance of mental health officers at the Child Guidance Centre. Mention of this has already been made in the appropriate part of the report.

The annual report of the Consultant Child Psychiatrist, Dr. J. D. Orme, who is appointed by the Sheffield Regional Hospital Board and who carries out three sessions per week on the education authority's premises is as follows :—

“Work with maladjusted children should be an attempt to help them in all aspects of their lives, whether these are considered in terms of social activities and relationships, problems at school in learning and conforming to the necessary discipline of living together, difficulties at home in relationships with parents and siblings or the child's own internal fears and anxieties, loves and hates. It is often difficult for adults to remember how overwhelming these factors can be and how children so often react with just the behaviour which further alienates already strained relationships. Both parents and children therefore need to feel that they can discuss their own personal problems and attitudes without risk of being judged harshly or unkindly ; to develop such an approach may take a long time but in terms of relieving individual suffering it is worth it.

“The only new departure this year has been in strengthening the liaison with the paediatrician's department at St. Helen Hospital. The consultant psychiatrist spends part of one session each week in the hospital department and this has been very helpful in facilitating the discussion of cases from both departments with the consultant paediatrician, Dr. O'Neill. Hospital facilities are thus more easily available for any children attending the Child Guidance Centre, should they be desirable. This arrangement has also improved co-ordination over the use of the pad and bell apparatus for enuresis.

“Contact has been maintained with boys at the William Henry Smith School at Brighouse and with a girl at St. Peter’s School, Horbury. Both these schools are doing excellent work with severely maladjusted children but even when residential facilities become necessary, it is apparent that much work needs to be done with the parents while the child is away. If adequate casework is carried out with the parents, the time away can be shortened very greatly. Experience gained at these schools in this type of combined treatment of child and parent should be very valuable if the proposals for extension of the work of Children’s Departments should come into force. The experience also shows that teachers who can take an interest in their pupils as individuals and who can work with parents in understanding the reasons for behaviour can make a tremendous contribution to the detection and treatment of behaviour problems of all sorts”.

New and re-referred cases	68
Waiting list at 1st January, 1965	2
Waiting list at 31st December, 1965	5
Total cases treated during the year	122

Speech Therapy

Throughout 1965 the Barnsley school health service continued to provide speech therapy, the figures for which are as follows :—

Number of school children attending for treatment	175
Number of attendances made by school children for observation and/or treatment	1,601
Number of school children discharged during the year	51
Number of visits made to school premises	113

Ultra-Violet Light Therapy

Ultra-Violet Light Therapy was carried out by the physiotherapist :
Treatment done at New Street Clinic :

Number of children treated	9
Number of attendances made	116

Treatment done at Mount Vernon School :
(by nurse in charge)

Number of children treated	20
Number of attendances made	87
Total number of children treated	29
Total number of attendances made	203

Once again, full use of Ultra-Violet Light was made in the diagnosis of ringworm. In this sphere it remains the most useful weapon in the control of the spread of fungus infections.

MOUNT VERNON SCHOOL

Mount Vernon School, formerly Mount Vernon Open Air School, caters as a special school for delicate and physically handicapped children.

Originally as an open air school, its principal function was to provide surroundings in which undernourished children might, through good feeding and hygiene build up a resistance to the then prevalent infections and other results of malnutrition. During the years since the second world war, school meals, slum clearance, modern schools, more general prosperity and various social services have made the undernourished child a clinical rarity. There are, of course, still the children of problem families and those with mothers of low intelligence whose physique suffers from their parents' apathy or their intellectual inability to provide for their welfare. In such cases the Mount Vernon School can ensure that they receive more food and regular meals and a closer supervision of general physical development than is possible at an ordinary school. Such cases are fortunately few.

The school is most valuable as an assessment centre for children who suffer from physically handicapping defects and for children who are recovering from illnesses. The special facilities available — a school nurse always in attendance, physiotherapy regularly available and the special feeding arrangements, as well as close medical supervision — provide suitable conditions for the observations necessary to decide whether the patient will ultimately be able to go to an ordinary school.

The period for assessment is useful in itself in the case of children who are recovering from major illnesses. The regime at Mount Vernon School and the almost individual attention which the children receive provide a graduated transition from education in hospital to ordinary school. Whilst those whose handicaps are permanent are given the opportunity of mixing with children with disabilities differing from their own and with some with little disability at all, this often improves self confidence and can even, in some cases, decide the issue in favour of an ordinary school in Barnsley instead of a special residential school.

As every effort must be made to ensure that where possible children remain within their own family circle, Mount Vernon School is performing a most valuable function in this direction.

The change of name of the school would appear to have dispelled at last the myth that all children in attendance are suspected of pulmonary tuberculosis.

SCHOOL DENTAL SERVICE

The following is the report on the School Dental Service of the County Borough of Barnsley during 1965 submitted by the Principal School Dental Officer, Mr. J. Kilner, T.D., B.D.S., L.D.S.

It will be noted that the record of work done by the authority's dental department is presented this year in a new form in accordance with the wishes of the Chief Dental Officer of the Department of Education and Science. This new form 28M(1965) is considered to give a complete statistical record of the dental department and is therefore appended in full and this will be done each year from now on to facilitate comparisons.

1. Staff

The position has not changed during 1965 ; the complement of full time dental officers is three (including the Principal School Dental Officer) and one part time dental officer. Mr. G. Griffiths left this authority in November, 1965 to take up duty with the Doncaster local authority dental service and Mr. J. Bowman commenced duty in December, 1965. As a result, school inspections were carried out according to the original plan of seeing each child in school at least once during the year. It is noted with satisfaction that every school in Barnsley (excepting the Holgate Grammar School, the Broadway Grammar School and the Girls' High School) was inspected by a school dental officer during 1965. The number of clinics in operation during 1965 remained unchanged — New Street, Athersley and Lundwood — but in January, 1966 a dental clinic was opened in Jordan House and the Hunningley Lane Dental Clinic is to be opened about Easter, 1966. This then should mark the beginning of the final phase of the dental planning programme as all areas of the town will then be catered for.

Miss M. J. Walters, the Dental Auxiliary, has contributed in no small way towards the promotion of confidence in the young patient and more will be said of this in the report on the dental care of mothers and young children. Miss Walters has visited many of the schools in Barnsley to lecture on dental health education and it is gratifying to note the co-operation of the Heads of the schools concerned.

2. Attendances and Treatment

The record of work shown in paragraph 3 of Form 28M(1965) differs from previous years in that three separate age ranges are shown — 5 to 9 years, 10 to 14 years and 15 years and over. An overall increase in the amount of work done is to be expected with the present staff situation and little comment is offered except to congratulate the dental officers and dental auxiliary on a splendid effort in skill, diligence and co-operation.

3. Orthodontics

There is always a need for this type of treatment and a careful watch is kept for the right type of case which would require appliance therapy. Sixty-six cases treated by appliance therapy is not a large number but many cases are corrected by interceptive extractions : this technique is only possible on the patient who attends regularly when the appropriate time to perform extractions can be assessed with some accuracy. A single example of this is when the first permanent premolars are extracted to allow the permanent canine teeth to erupt into alignment.

4. **Prosthetics**

It is gratifying to note that the number of pupils supplied with artificial teeth is very low. The greater proportion of pupils thus supplied was due to the fracture or luxation of anterior teeth as a result of accident. Under this heading also may be mentioned the inlays (8) and crowns (17) provided. Wherever possible, restoration of anterior teeth by means of a crown or inlay is attempted but in the case of severe trauma, the fitting of a denture is essential. It was not necessary to provide any child with full dentures.

5. **Anaesthetics**

The policy of the authority is wherever possible to provide a medical practitioner as anaesthetist for dental operations : of 1789 general anaesthetics administered, 915 were given by the authority's school medical officer. A consultant anaesthetist was present for two anaesthetic sessions when the dental officers were present and an interesting exchange of ideas and techniques took place. Local anaesthesia is invariably used for conservation work but it is not popular among the patients for extractions. However, more and more children are being won over to this method and it is hoped that the general anaesthetic may be resorted to eventually, only in the special case or when infection contra-indicates local anaesthesia.

6. **School Inspections**

The statistics show that each school (with the exceptions stated in paragraph 1 above) was visited by a dental officer during 1965. Once again it must be stated that the private practitioners in the area have the interests of the school child very much at heart and tribute is paid to the excellent care and attention given to an increasing number.

The acute septic mouth is becoming a rarity at school inspections. However, a hard core of ignorance remains among parents who persistently refuse dental treatment for their children. The attitude, "He'll have 'em out when they ache, same as I did", is hard to reconcile with a parent's professed affection for its offspring and its well being.

7. **General**

It will be seen from the table of attendances and treatment, some 11,361 patients actually attended the various clinics for dental treatment. As a point of interest the Chief Dental Officer kept a record of "did not attend" (DNA) patients, i.e. patients who had a routine appointment but for some reason or other (illness, etc.) failed to arrive for treatment. Some 2,641 patients were classified DNA — a percentage of 18.8 of the total number of 14,002 appointments made.

A graph kept of the incidence of DNA patients is also of interest. The peaks showing increases in DNA patients occur in the following order (highest and first) :—

1. Barnsley Feast week (most people are away at the seaside).
2. Autumn half term.
3. Pre-Christmas holidays (examinations, school activities).
4. Summer vacation.
5. Potato-picking time ! ! (when the business instinct of the Barnsley youth transcends the desire for beautiful teeth).

Finally a word of warm appreciation to all the head teachers of the Barnsley schools for their unsparing co-operation at all times with the dental staff.

HANDICAPPED PUPILS

Children to a total of 34 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding homes.

Blind Children

No child was assessed as blind but one was assessed partially sighted during the year. One blind and five partially sighted pupils were receiving special education at the end of the year.

Deaf and Partially Hearing Children

No child was assessed as deaf. Seven deaf and five with partial hearing were receiving education in special schools.

Physically Handicapped Children

Seven children were assessed as physically handicapped during the year and eight were placed in special schools.

Delicate Children

Ten delicate children were provided with special education. Three children received education in hospital and three at home.

Maladjusted and Educationally Subnormal Children

One child was assessed as maladjusted and sixteen children as educationally sub-normal. Eight maladjusted children and 119 educationally sub-normal children were receiving special education under arrangements made by the authority.

Epileptic Pupils

One pupil was ascertained as requiring special education by reason of epilepsy. Five epileptic pupils were receiving special education under arrangements made by the authority.

Children Unsuitable for Education at School

Five children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. Two reviews were carried out under the provisions of S.57A of the Education Act 1944 but no decisions under this were cancelled. Table VII in the appendix to this part of the report records statistically in the form required by the Minister of Education information regarding the authority's work amongst the handicapped pupils during the year.

103 visits were made by the female mental welfare officer to handicapped children during the year.

Special Investigation — Verucca Plantaris

The special investigation described in last year's annual report was continued during 1965.

The treatment and investigation has now gone on for the past five years and a summary of the findings is as follows :

Children Treated

Year	1961	1962	1963	1964	1965	Total
Girls	100	117	98	91	68	474
Boys	65	89	65	58	54	331
Total	165	206	163	149	122	805

The predominant group is still female.

Proportion Treated :

1961—Girls 60.6%	Boys 39.4%
1962—Girls 56.8%	Boys 43.2%
1963—Girls 60.0%	Boys 40%
1964—Girls 61.0%	Boys 39.0%
1965—Girls 55.7%	Boys 44.3%

The predominant age group was 12 years old for girls, and 11 years old for boys.

The proportion of the total treated who attended Secondary Schools was : 1961—83%. 1962—79%. 1963—53%. 1964—57%. 1965—77%.

Not all cases attended swimming baths, but of those who did.

1961—53.3% attended Public Baths. 38.1% attended Raley Baths.

1962—37.3% attended Public Baths. 43.6% attended Raley Baths.

1963—46.0% attended Public Baths. 25.0% attended Raley Baths.

1964—36.1% attended Public Baths. 21.4% attended Raley Baths.
9.6% St. Helens Baths.

1965—36.0% attended Public Baths. 14.7% attended Raley Baths.
19.6% St. Helens Baths.

The highest proportion of attenders in 1965 were Edward Sheerien County Secondary School, and Broadway Grammar School both with 9%. St. Michaels R.C. Secondary School and Barnsley Girls High School had 8% each. Raley School which had been the highest during the previous 4 years had 7%.

INFECTIOUS DISEASES

Full details of the occurrence of infectious diseases in the County Borough are given in the part of this report which is devoted to epidemiology. The figures relating to the incidence of infectious diseases notified as occurring in children of school age during 1965 are as follows :—

Disease	No. Notified
Scarlet Fever	64
Whooping Cough	17
Measles	76
Pneumonia	8
Dysentery	71
Food Poisoning	4
	240

Immunisation against Diphtheria

During the year, 69 children of school age received a primary course of injections of anti-diphtheria antigen. 987 children received re-inforcing or booster doses.

School Nursing

Nursing staff carried out home visits in the follow up of defects amongst school children as follows :

Defective vision and eye diseases	765
Tonsils and Adenoids	44
Ear Disease	71
Unclean heads	329
Immunisation	125
Scabies	15
Other skin diseases	48
Miscellaneous	496
	1,893

Visual acuity tests are done every two years during the child's school attendance by the school nurses. Suspected defects are referred to the consultant ophthalmologist if necessary. Re-testing and follow-up is carried out by the school nurses especially when glasses are ordered, to ensure that they are obtained and worn. Co-operation of the parents and teachers is often necessary, especially in children attending the secondary modern schools.

The Scout Dyke Camp was visited twice weekly by school nurses between 6th April and 17th July, 1965 and 13th September to 22nd October, 1965.

Health Education in Schools

Classes are held each week in all senior schools with the twelve to fourteen year old girls. There is liaison between the head teachers, domestic science and biology teachers to ensure that the syllabus given by the school nurses is personal and stimulating. Films and film strips are used as the best means of visual impact, the accent being on personal hygiene, personal relationships and community responsibility. Buzz group discussion is used. Problems and personal worries come to light and the girls often seek a private interview after the class is finished.

It is felt that the children in the primary schools, who are much more anxious to learn, would be helped by a short course of lessons in hygiene. Also, this would include the boys who are sadly missed by the school nurses except for a brief talk during the hygiene survey each term.

Nursery Nurses Examination Board Training School

In January, 1965, a Nursery Nurse Examination Board Training School commenced at the Belle Vue Annexe of the College of Technology, Barnsley. This is a two year training course. The health visiting staff give two hours per week as health tutors to the course. Also practical work outside the college is arranged so that the students have access to children from birth to nursery school age. This involves visits to the homes of young babies (with the parents' consent), visits to St. Helen Hospital Children's Ward and attendance at infant welfare centres and residential homes with the health visiting staff.

RECIPROCITY WITH OTHER AUTHORITIES

The result of medical inspection by medical officers of the Barnsley educational authority of pupils domiciled in the West Riding of Yorkshire who attend schools in the County Borough are shown in the appendix, Table VIII. The results of medical inspection of pupils domiciled in Barnsley by school medical officers of the West Riding County Council area (Division 25) are shown in the appendix, Table IX.

PHYSICAL EDUCATION — SWIMMING

Totals for winter and summer swimming (September, 1964 to July, 1965) at the Raley and Corporation Baths :

	Winter Sept. 64 to Mar. 65	Summer April to July, 65
Number of children sent to baths	4,431	4,522
Total number of attendances made	77,021	34,229
Number of children who could swim at least 10 yards at the end of the session	3,139	3,376
Number of children who gained Education Committee Certificates :		
1st Class	—	7
2nd Class	100	67
3rd Class	839	375
Number of Royal Life Saving Certificates :		
Elementary	25	7
Intermediate	32	7
Bronze Medallion	30	12
Bronze Bar	4	—
Bronze Cross	—	12
Royal Life Saving Society — Safety Awards :		
Preliminary	82	39
Advanced	21	15
A.S.A. Survival Certificates :		
Bronze	6	—
Total number of individual children sent to baths in twelve months ended August, 1965		4,853

PART VII — STATISTICAL APPENDIX MEDICAL INSPECTION AND TREATMENT

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools
(including Nursery and Special Schools).

TABLE IA — Periodic Medical Inspections

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1) 1961 and later	(2) 8	(3) 8	(4) —	(5) —	(6) 1	(7) —	(8) 1
1960	337	337	—	—	11	29	38
1959	583	582	1	—	20	66	76
1958	157	157	—	—	4	35	35
1957	127	127	—	—	4	9	13
1956	566	566	—	—	17	36	49
1955	344	344	—	—	11	25	34
1954	133	133	—	—	15	6	21
1953	143	143	—	—	8	3	11
1952	118	118	—	—	6	3	9
1951	154	154	—	—	3	7	10
1950 and earlier	738	737	1	—	35	25	60
TOTAL	3408	3406	2	—	135	244	357

B. Other Inspections

Number of Special Inspections	.....	.....	.....	.....	1,132
Number of Re-inspections	.....	.....	.....	.....	4,640
					<hr/>
					5,772
					<hr/>

C. Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 34,382
- (b) Total number of individual pupils found to be infested 619
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) 73
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) —

TABLE II
DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

T (treatment) O (observation)

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	4	—	3	7	3
	O	—	1	2	3	1
Eyes:—						
(a) Vision	T	64	35	36	135	5
	O	32	13	10	55	—
(b) Squint	T	13	—	1	14	1
	O	1	—	—	1	—
(c) Other	T	2	—	1	3	2
	O	—	1	—	1	1
Ears:—						
(a) Hearing	T	10	6	7	23	—
	O	1	—	1	2	—
(b) Otitis Media	T	11	2	3	16	5
	O	1	—	2	3	—
(c) Other	T	2	—	—	2	—
	O	—	—	1	1	—
Nose and Throat	T	49	13	21	83	10
	O	11	—	7	18	4
Speech	T	9	—	4	13	2
	O	7	—	—	7	1
Lymphatic Glands	T	—	—	—	—	—
	O	1	—	1	2	—
Heart	T	2	—	—	2	2
	O	1	—	2	3	—
Lungs	T	4	—	4	8	2
	O	1	—	—	1	5
Developmental:—						
(a) Hernia	T	5	—	—	5	—
	O	—	—	—	—	—
(b) Other	T	3	—	—	3	—
	O	1	1	2	4	3
Orthopædic:—						
(a) Posture	T	3	1	2	6	1
	O	1	—	—	1	1
(b) Feet	T	9	5	3	17	6
	O	3	—	—	3	22
(c) Other	T	3	1	2	6	2
	O	3	—	—	3	2
Nervous System:—						
(a) Epilepsy	T	—	—	—	—	1
	O	—	—	—	—	—
(b) Other	T	1	—	3	4	1
	O	1	—	—	1	—
Psychological:—						
(a) Development	T	3	—	5	8	—
	O	3	—	—	3	—
(b) Stability	T	—	1	1	2	—
	O	—	—	1	1	—
Abdomen	T	1	—	—	1	1
	O	1	—	—	1	2
Other	T	4	3	6	13	8
	O	2	1	—	3	7

TABLE III

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS**

(Including Nursery and Special Schools)

A. Diseases of the eye, defective vision and squint										Number of cases known to have been dealt with	
External and other, excluding error of refraction and squint										50	
Errors of refraction (including squint)										1,250	
										<hr/> 1,300 <hr/>	
Number of pupils for whom spectacles were prescribed										914	
B. Diseases and defects of ear, nose and throat											
Received operative treatment—											
(a) For diseases of the ear										9	
(b) For adenoids and chronic tonsilits										109	
(c) For other nose and throat conditions										58	
Received other forms of treatment										550	
										<hr/> 726 <hr/>	
Total number of pupils in schools who are known to have been provided with hearing aids :											
(a) in 1965										6	
(b) in previous years										48	
C. Orthopaedic and Postural Defects :											
(a) Pupils treated at clinics or out-patients departments										71	
(b) Pupils treated at school for postural defects										23	
										<hr/> 94 <hr/>	
D. Diseases of the skin :											
Ringworm :											
(a) Scalp										—	
(b) Body										1	
Scabies										50	
Impetigo										5	
Other skin diseases										268	
										<hr/> 324 <hr/>	

		Number of cases known to have been dealt with
E. Child Guidance Treatment :		
Pupils treated at Child Guidance Centre .....	.....	122
F. Speech Therapy :		
Pupils treated by speech therapist .....	.....	175
G. Other Treatment Given :		
(a) Pupils with minor ailments .....	.....	410
(b) Pupils who received convalescent treatment under School Health Service arrangements		2
(c) Pupils who received B.C.G. vaccination .....	.....	457
(d) Other than (a) (b) and (c) above :		
Pupils who have received Ultra-Violet Light Treatment .....	.....	29
Total (a) — (d)		898

TABLE IV
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY

	Number of Officers	Full time equivalent			Number of extra paid sessions worked during year
		Adminis- trative duties	Clinical Duties		
			School service	M&CW service	
<hr/>					
1. Staff					
(a) Officers Employed on a Salary Basis					
Principal School Dental Officer 	1	0.10	0.78	0.12	—
Dental Officers includ- ing Orthodontists 	2	—	1.34	0.68	—
Total (a) 	3	0.10	2.12	0.78	—
(b) Officers employed on a Sessional Basis					
including orthodontists	1	—	0.46	—	—
Totals of (a) and (b)	4	0.10	2.58	0.78	—

(c) **Dental Auxiliaries and Hygienists**

	Number	Full time equivalent		
		Dental Health Education	Treatment	
			School service	M & CW service
Dental Auxiliaries	1	0.10	0.66	0.24
Dental Hygienists	—	—	—	—

(d) **Other Staff**

Number Full time equivalent

Dental Technicians	—	—
Dental Surgery Assistants	4	3.00
Clerical Assistants	1	1.00
Dental Health Education Officers	—	—

(e) **School Dental Clinics**

	Fixed Clinics				Mobile Clinics	
	Number with one surgery only	Number with two or more surgeries available	Total No. of surgeries available In use		Number	Total Sessions in 1965
Provided directly by authority	2	1	4	4	—	—
Under arrangements made with Hospital authorities	—	—	—	—	—	—

2. Number of pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January, 1966 as in Forms 7, 7m and 11 Schools — 14,336.

3. Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	1338	913	152	2403
Subsequent visits	4297	4088	573	8958
Total visits	5635	5001	725	11361
Additional courses of treatment commenced	20	32	25	77
Fillings in permanent teeth	2016	3076	477	5569
Fillings in decidious teeth	1349	180	—	1529
Permanent teeth filled	1705	2776	430	4911
Decidious teeth filled	1118	174	—	1292
Permanent teeth extracted	181	542	176	899
Decidious teeth extracted	2658	767	—	3425
General anæsthetics	1182	545	62	1789
Emergencies	385	211	28	624

Number of pupils X-rayed	73
Prophylaxis	837
Teeth otherwise conserved	133
Number of teeth root filled	16
Inlays	8
Crowns	17
Courses of treatment completed	1659

4. Orthodontics

Cases remaining from previous year	102
New cases commenced during year	66
Cases completed during year	60
Cases discontinued during year	11
No. of removable appliances fitted	96
No. of fixed appliances fitted	5
Pupils referred to hospital consultant	—

5. Prosthetics

	5 to 9 Ages	10 to 14 Ages	15 & over Ages	Total
Pupils supplied with F.U. or F.L, (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	15	3	20
Number of dentures supplied	2	18	3	23

6. Anaesthetics

General anaesthetics administered by dental officers	874
--	-----

7. Inspections

(a) First inspection at School. No. of pupils	9268
(b) First inspection at Clinic. No. of pupils	1332
Number of (a) and (b) found to require treatment	5858
Number of (a) and (b) offered treatment	5772
(c) Pupils re-inspected at school clinic	1257
Number of (c) found to require treatment	646

8. Sessions

Sessions devoted to treatment	1651
Sessions devoted to inspection	56
Sessions devoted to dental health education	67

TABLE V ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon	11 sessions
Patients seen — new cases	52
Other attendances/re-examinations	112

Work of physiotherapist :

(1) Mount Vernon School :

Number of visits	39
Number of patients	23
Number of treatments	311

(2) Medical Services Clinic, New Street :

Treatment for Postural and other defects :

Number of patients treated	19
Number of attendances made	256

Note :— Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley.

TABLE VI
MOUNT VERNON SCHOOL
STATISTICAL SUMMARY OF CHILDREN IN ATTENDANCE
DURING 1965

MEDICAL CATEGORY	No. of children in on 1st Jan., 1965	Number admitted	Number Discharged	Number remaining on 31st December
Delicate	8	2	8	2
Respiratory Diseases :—				
Asthma	4	—	—	4
Bronchiectasis	2	—	—	2
Chronic Bronchitis	8	1	3	6
Collapsed Lung	1	1	—	2
Fibrocystic disease of the Lungs	1	—	—	1
Chronic Sinus Infection	2	—	2	—
Orthopaedic Disorders	6	2	5	3
Congenital Deformities	5	1	—	6
Congenital Heart Disease	2	—	—	2
Post Poliomyelitis	1	1	1	1
Emotional Instability	5	—	1	4
Cerebral Palsy	5	1	2	4
Muscular Dystrophy	1	1	—	2
Partial Deafness	1	—	1	—
Epilepsy	4	1	—	5
Speech Defect	3	3	—	6
Dermatomyositis	1	—	—	1
Psoriasis	2	—	1	1
Severe Burns	—	1	—	1
	62	15	24	53

TABLE VII

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

During the calendar year ended 31st December, 1965		1. Blind 2. Partially sighted	3. Deaf 4. Partially Hearing	5. Physically Handi- capped 6. Delicate	7. Malad- justed 8. E.S.N.	9. Epileptic 10. Speech Defects	Total Columns 1 - 10 (11)					
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes ?	boys					7	2		14	1	2	26
	girls					2	2	1	2		1	8
B How many children were newly placed in special schools (other than hospital special schools) or boarding homes ?												
	boys					5	2		14	1	2	24
	girls					2	2		1		1	6
	boys		1			1						2
	girls			1				1	14	1	2	26
	boys		1			6	2		1		1	8
	girls			1		2	2					
(i) of those included at A above												
(ii) of those assessed prior to January, 1965												
(iii) TOTAL newly placed—B(i) and (ii)												

Table VII—Continued.

On 20th January, 1966 children from the Authority's area :—

	1. Blind 2. Partially sighted	3. Deaf 4. Partially Hearing	5. Physically Handi- capped 6. Delicate	7. Malad- justed 8. E.S.N.	9. Epileptic 10. Speech Defects	Total Columns 1 - 10 (11)					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Table VII—Continued.

On 20th January, 1966 children from the Authority's area :—

	1. Blind 2. Partially sighted		3. Deaf 4. Partially Hearing		5. Physically Handi- capped 6. Delicate		7. Malad- justed 8. E.S.N.		9. Epileptic 10. Speech Defects		Total Columns 1 - 10 (11)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
D (i) were on the registers of :— (1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained. day boarding											
					17	6	3	68	3	4	101
					13	4	1	47	2	2	69
			1	1	1			3			4
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated day boarding											
(3) Independent schools under arrangements made by the authority											
(ii) were boarded in homes and not already included in D(i) above											
TOTAL 'D'											
	1	5	5	4	23	6	5	72	3	4	128
			2	1	15	4	3	47	2	2	76

Table VII—Continued.

On 20th January, 1966:—

	1. Blind 2. Partially sighted		3. Deaf 4. Partially Hearing		5. Physically Handi- capped 6. Delicate		7. Malad- justed 8. E.S.N.		9. Epileptic 10. Speech Defects		Total Columns 1 - 10 (11)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes:— Total of sections C(i) (a) and (b) and D	1	5	5	5	26	6	5	72	3	4	132
	boys		2	1	15	4	3	47	3	2	77
E How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944. (i) in hospitals (ii) in other groups (e.g. units for spastics, convalescent homes etc.) (iii) at home					3						3
					3						3

Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 19445

TABLE VIII

West Riding County Council Pupils attending Barnsley Schools
examined by Barnsley School Medical Officers during 1965

Part I — Periodic Medical Inspections

Age groups inspected by year of Birth	No. of Pupils Inspected	Physical condition of pupils inspected		Pupils found to require treatment		
		Satisfactory	Unsatisfactory	For Defective Vision (Exc. Squint)	For any other condition	Total Individual Pupils
1960	1	1	—	—	1	1
1958	1	1	—	—	—	—
1954	1	1	—	—	—	—
1953	18	18	—	—	—	—
1952	11	11	—	—	—	—
1951	5	5	—	—	—	—
1950 and earlier	21	21	—	3	—	3
	58	58	—	3	1	4

Part II — Defects found by Periodic Medical Inspections during the year

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	T.	O.	T.	O.	T.	O.	T.	O.
Eyes — Vision	—	—	3	—	—	—	—	—
Eyes — Other	—	1	—	—	—	—	—	1
Speech	1	—	—	—	—	—	1	—
Abdomen	—	1	—	1	—	—	—	2

T—Defect referred for Treatment. O—Defect referred for Observation.

The pupils were examined at School	No.
Barnsley and District Holgate Grammar School	36
St. Michael's R.C. Secondary School	20
Holyrood Infants School	2
	—
	58
	—

TABLE IX

Barnsley County Borough Pupils attending Barnsley High School and examined by the West Riding School Medical Officer during the year 1965

	Year of Birth												Specials	Re-exams
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960		
Number of Pupils Inspected	7	14	5	11	18	1	—	—	—	1	—	1		
General Condition of Total Pupils Inspected														
Number Satisfactory	7	13	5	11	18	1	—	—	—	1	—	1		
Number Unsatisfactory	—	1	—	—	—	—	—	—	—	—	—	—		
Number of Individual Pupils found at Periodic Medical Inspection to require treatment:														
(a) for defective vision (excluding squint)	2	1												
(b) for any other condition recorded below												1		
(c) Total individual pupils	2	1										1		

TABLE OF DEFECTS FOUND

T—Defect referred for Treatment.

O—Defect referred for Observation.

DEFECT	Periodic Inspections								Specials	
	Entrants		Leavers		Others		Total		T	O
	T	O	T	O	T	O	T	O		
SKIN										
EYES (a) Vision			3							
(b) Squint										
(c) Other		1								
EARS (a) Hearing										
(b) Otitis Media										
(c) Other										
NOSE OR THROAT										
SPEECH	1									
LYMPHATIC GLANDS										
HEART & CIRCULATION										
LUNGS										
DEVELOPMENTAL:—										
(a) Hernia										
(b) Other										
ORTHOPÆDIC:—										
(a) Posture										
(b) Feet										
(c) Other										
NERVOUS SYSTEM:—										
(a) Epilepsy										
(b) Other										
PSYCHOLOGICAL:—										
(a) Development										
(b) Stability										
ABDOMEN		1		1						
OTHER DEFECTS										

HEALTH COMMITTEE

(as at 31/12/65)

Chairman : Councillor W. Wagstaff

Vice-Chairman : Councillor F. Kaye

The Worshipful the Mayor : Alderman A. Butler, J.P.

Alderman T. R. Brown, B.E.M.	Councillor Mrs. M. Button
Alderman A. Lowery	Councillor Mrs. M. Copley
Alderman G. Whyke	Councillor W. E. Blackburne
Councillor Mrs. E. B. Blackburne	Councillor H. Burgin, M.B.E.
Councillor Mrs. M. Brannan	Councillor R. Firth
Councillor Miss M. Ryan	Councillor W. R. Gundry
Councillor Mrs. M. J. Slater	Councillor A. Williams

Co-opted Members :

Dr. E. Burke

Dr. D. H. Pick

SANITARY COMMITTEE

(as at 31/12/65)

Chairman : Councillor G. Moore

Vice-Chairman : Alderman W. Martin-Chambers

The Worshipful the Mayor : Alderman A. Butler, J.P.

Alderman G. Skelly	Councillor J. H. Dossett
Alderman G. Whyke	Councillor J. L. Hammill, M.B.E.
Councillor Mrs. G. Bright	Councillor W. Hunt, J.P.
Councillor Mrs. M. Copley	Councillor R. Skelly
Councillor Miss M. Ryan	Councillor H. Thwaites
Councillor W. E. Blackburne	Councillor E. Wagstaff
Councillor H. Brain	Councillor A. Williams

EDUCATION COMMITTEE

(as at 31/12/65)

Chairman : Alderman A. E. McVie, J.P.

Vice-Chairman : Councillor Mrs. M. Brannan

The Worshipful the Mayor : Alderman A. Butler, J.P.

Alderman H. Dancer	Councillor F. B. Crow
Alderman T. Hinchcliffe	Councillor J. H. Dossett
Alderman F. Lockwood	Councillor W. R. Gundry
Alderman G. Whyke	Councillor J. L. Hammill, M.B.E.
Councillor Mrs. E. B. Blackburne	Councillor F. Kaye
Councillor Miss M. Ryan	Councillor F. Lunn
Councillor Mrs. M. J. Slater	Councillor R. Skelly
Councillor H. Brain	Councillor R. Varley
Councillor H. Burgin, M.B.E.	

Co-opted Members :

Miss E. Hepworth
Mr. G. E. Green
Mr. D. B. Spanjer

Very Rev. Canon C. O'Flaherty
Rev. Canon A. P. Morley, M.A.
Rev. J. W. Thompson, B.A., B.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

(as at 31/12/65)

Medical Officer of Health, Principal School Medical Officer and Superintendent of the Welfare Services for the Handicapped :

G. A. W. NEILL, O.B.E., O.ST.J., T.D., M.D., D.P.H., Barrister-at-Law

Deputy Medical Officer of Health and School Medical Officer :

Leon A. Nettleton, M.B., CH.B., L.M.S.S.A., D.P.H.

Senior Assistant Clinical Medical Officer of Health and School Medical Officers :

John K. Butterfield, T.D., L.M.S.S.A., D.P.H. (Terminated 31/8/65)

Denis B. Reynolds, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and School Medical Officer :

Joan A. Horsfield, M.B., CH.B., D.R.C.O.G.

Ervyn Aubrey, M.R.C.S., L.R.C.P.

Health Visiting Service :

Superintendent Health Visitor and School Nurse :

Miss C. M. Carroll, S.R.N., S.C.M., H.V. Certificate (Retired 10/5/65)

Mrs. E. Inman, S.R.N., S.C.M. (Part I), H.V. Certificate
(from 14/7/65)

Deputy Superintendent Health Visitor and School Nurse :

Miss J. Royston, S.R.N., S.C.M., H.V. Certificate (from 9/11/65)

Senior Health Visitors and School Nurses :

Mrs. M. Lonsdale, S.R.N., S.C.M., H.V. Certificate

Mrs. E. M. Page, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Miss J. Witty, S.R.N., S.C.M., H.V. Certificate (Retired 30/9/65)

Miss M. E. Pilling, S.R.N., S.C.M. (Part I), H.V. Certificate
(from 9/11/65)

Health Visitors and School Nurses :

Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate

Mrs. A. Marshall, S.R.N., S.C.M., H.V. Certificate
(Terminated 31/5/65)

Miss M. J. Peace, S.R.N., S.C.M., H.V. Certificate

Miss M. Stott, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate

Mrs. I. S. Harris, S.R.N., S.C.M., H.V. Certificate

Mrs. S. Jeffs, S.R.C.N., S.C.M. (Part I), H.V. Certificate

Mrs. M. Cooke, S.R.N., S.C.M., (Part I), H.V. Certificate

Miss E. A. Mallinder, S.R.N., S.C.M., H.V. Certificate
(Terminated 28/2/65)

Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V. Certificate

Miss M. D. Clark, S.R.N., S.C.M., H.V. Certificate
(Terminated 12/7/65)

Miss I. Reilly, S.R.N., S.C.M., H.V. Certificate (Commenced 22/3/65)

Mrs. H. Campbell, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate
(Commenced 8/11/65)

Student Health Visitors :

Mrs. D. Hayward, S.R.N., S.C.M. (Part I) (Commenced 31/5/65)

Miss M. Steele, S.R.N., S.C.M. (Commenced 2/8/65)

Clinic/School Nurses :

Miss E. A. Hazelhurst, S.R.N.

Mrs. F. J. Garner, S.R.N.

Mrs. M. McCobb, S.R.N.

State Enrolled Nurses :

Mrs. M. Holderness, S.E.N. (Terminated 28/2/65)

Mrs. N. K. Frampton, S.E.N.

Mrs. G. R. Oxley, S.E.N.

Mrs. I. Lodge, S.E.N.

Mrs. M. Featherstone, S.E.N. (Commenced 29/3/65)

Midwifery Service :

Non-Medical Supervisor of Midwives :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Assistant Non-Medical Supervisor of Midwives :

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.

Domiciliary Midwives :

Mrs. G. Bailey, S.R.N., S.C.M., Q.I.D.N., (Senior Midwife from 9/9/65)

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N.

Mrs. A. Taylor, S.R.N., S.C.M.

Mrs. A. Horne, S.C.M.

Mrs. M. Owen, S.C.M.

Mrs. M. Utley, S.C.M.

Mrs. R. Gray, S.C.M.

Mrs. P. M. Dawson, S.R.N., S.C.M. (Terminated 11/1/65)

Mrs. K. Leech, S.R.N., S.C.M.

Miss O. J. Wilkinson, S.R.N., S.C.M. (Terminated 13/6/65)

Home Nursing Service :

Superintendent of District Nurses :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Deputy Superintendent of District Nurses :

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.

District Nurses :

Mrs. I. B. McGowan, S.R.N., S.C.M., Q.I.D.N.

Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.

Mrs. L. Woodhead, S.R.N., Q.I.D.N.

(Terminated 17/1/65)

Mr. J. Woodhead, S.R.N., Q.I.D.N.

Mrs. E. Davies, S.R.N., Q.I.D.N.

Mrs. E. M. Micklethwaite, S.R.N., Q.I.D.N.

Mr. J. Jackson, S.R.N., Q.I.D.N.

Mrs. I. McL. Cooke, S.R.N., Q.I.D.N.

Miss M. Turner, S.R.N., Q.I.D.N.

Mrs. H. Jenkinson, S.R.N., Q.I.D.N.

Mrs. M. G. Auld, S.R.N., S.C.M., Q.I.D.N.

(Commenced 4/1/65)

(Terminated 17/7/65)

Mrs. J. A. Bostwick, S.R.N., Q.I.D.N.

(Commenced 13/5/65)

Miss S. A. Goldthorpe, S.R.N.

(Commenced 2/8/65)

Miss B. Sharpe, S.R.N., Q.I.D.N.

Miss P. L. Wright, S.R.N.

(Terminated 22/1/65)

Mrs. J. Shield, S.E.N.

Mrs. S. Burnham, S.E.N.

Mrs. D. Parkin, S.E.N.

Mrs. M. McGuinness, S.E.N.

Handicapped Services Department :

Mr. J. Chambers, A.I.S.W., D.P.A., Senior Welfare Officer

Miss E. I. Mitchell, Home Teacher of the Blind

Mr. J. Moore, Home Teacher of the Blind

Mr. H. V. Davis, Home Teacher of the Blind

Miss E. White, Home Teacher of the Blind

Miss J. Plowman, Trainee Home Teacher of the Blind

(Commenced 1/2/65)

Mr. P. McGraynor, Craft Instructor

Mrs. P. McGraynor, Craft Instructor

Mr. T. H. H. James, Deaf Welfare Diploma, A.M.I.S.W., Welfare Officer for the Deaf

Mrs. H. R. James, Welfare Assistant for the Deaf

Miss J. Archer, Welfare Assistant for the Handicapped

Miss J. Plowman, Shorthand Typist

(Terminated 31/1/65)

Mr. S. I. McAllister, Clerk

(Terminated 3/1/65)

Miss C. A. Jackson, Clerk

(Terminated 24/1/65)

Miss J. M. Sawyer, Shorthand Typist

(Commenced 1/2/65)

Miss D. Spaxman, Clerk

(Commenced 15/2/65)

Mr. R. W. Hatherley, Clerk

(Commenced 15/9/65)

Barnsley Light Industries — Sheltered Workshop :

Mr. N. A. Todd, General Manager

Mrs. A. A. Gregory, Clerk-Typist

(Commenced 1/4/65)

Mr. S. Wragg, Foreman

(Commenced 26/4/65)

Mrs. J. Winder, Section Supervisor

Mental Health Service :

Miss E. M. Seabury, S.R.N., S.C.M., H.V. Certificate, Mental Health Officer

Mrs. W. M. Levesque, S.R.N., S.C.M., H.V. Certificate, Mental Health Officer

Mr. P. Lynch, R.M.N., Mental Health Officer

Mr. T. Johnson, R.M.N., Mental Welfare Assistant

(Terminated 31/12/65)

Miss F. M. Adeney, Mental Welfare Assistant

(Terminated 20/4/65)

Miss E. Wilde, Supervisor, Junior Training Centre

Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified)

(Terminated 30/6/65)

Mrs. A. Ellis, Assistant Supervisor (Unqualified)

Mrs. M. Oxley, Assistant Supervisor (Unqualified)

Mrs. V. Fowler, Assistant Supervisor (Unqualified)

Miss B. Gillatt, Trainee Assistant Supervisor

Mrs. M. Marrian, Assistant Supervisor (Unqualified)

(Commenced 31/8/65)

Home Help Service :

Mrs. D. Eyre, I.H.H.O. Cert., Assistant Home Help Organiser

Mrs. I. Hackney, I.H.H.O. Cert., Assistant Home Help Organiser

Mrs. E. Allison, Assistant Home Help Organiser

Audiology Technician :

Miss E. Ward, M.S.A.T.

Physiotherapist :

Miss P. R. Powell, M.C.S.P.

Speech Therapist :

Miss L. C. Smith, L.C.S.T.

Dental Service :

Mr. J. Kilner, T.D., B.D.S., L.D.S., Chief Dental Officer
Mr. G. E. Griffith, L.D.S., R.C.S. (Eng.), Dental Officer
(Terminated 30/11/65)
Mr. J. Bowman, B.CH.D., L.D.S., Dental Officer
(Commenced 1/12/65)
Mr. G. White, L.D.S., Dental Officer
Mr. J. H. Walker, Temporary Part-time Dental Surgeon
Miss M. J. Walters, Dental Auxiliary
Miss R. Sharp, Dental Clerk
Miss S. C. Roberts, Dental Surgery Assistant
Mrs. B. Ashurst, Dental Surgery Assistant
Miss J. M. Jennings, Dental Surgery Assistant
Mrs. W. Elderton, Dental Surgery Assistant (Commenced 25/1/65)
(Terminated 28/3/65)
Miss K. Whitham, Dental Surgery Assistant (Commenced 26/4/65)

Chiropody Service :

Mr. A. A. Aldam, M.CH.S. (Sessional basis)

Administrative and Clerical Staff :

Mr. B. Payne, Administrative Assistant and Chief Clerk
(Retired 31/8/65)
Mr. K. Holling, D.M.A., Diploma Health and Welfare Administration,
Administrative Assistant and Chief Clerk (Commenced 15/9/65)
Mr. J. Faulkner, Senior Clerk
Mr. K. Holling, D.M.A., Diploma Health and Welfare
Administration, Records Officer (Terminated 14/9/65)
Miss J. Owen, Senior Shorthand Typist
Mrs. S. Clarke, Clerk-Typist
Miss C. M. Senior, Shorthand Typist
Mr. D. Orr, Clerk
Mrs. B. Ramsden, Clerk
Miss K. M. McKenning, Clerk
Miss J. Walker, Senior Clerk, Care of Mothers and Young Children
(from 1/3/65)
Miss C. A. McKenning, Clerk, Care of Mothers and Young
Children
Miss S. Wildsmith, Clerk, Care of Mothers and Young Children
Mrs. E. Stephenson, Senior Clerk, School Health Service
(Retired 28/2/65)
Miss N. Wade, Clerk, School Health Service
Miss J. Wildsmith, Clerk, School Health Service
Miss C. Jennings, Clerk, School Health Service
Miss K. A. Bird, Clerk, Care of Mothers and Young Children
(Commenced 22/3/65)

Sanitary Service :

Mr. W. H. Spalton, Chief Public Health Inspector
Mr. A. Pemberton, Deputy Chief Public Health Inspector
Mr. F. Midgley, Public Health Inspector(Food Hygiene Duties)
Mr. E. S. Hackney, Public Health Inspector (Smoke Inspection Duties)
Mr. P. Walker, Public Health Inspector (Meat Inspection Duties)
Mr. C. Elstone, Public Health Inspector (Terminated 14/3/65)
Mr. H. J. A. Ackroyd, Public Health Inspector
Mr. P. R. Hunt, Public Health Inspector (Meat Inspection Duties)
Mr. M. S. Gray, Public Health Inspector (Commenced 26/8/65)
Mr. H. Tomlinson, Technical Assistant
Mr. E. Carr, Assistant Public Health Inspector (from 15/9/65)
Mr. A. C. Penn, Technical Assistant
Mr. D. R. Worrall, Senior Clerk
Mrs. H. Lax, Clerk-Typist
Mrs. P. Rushforth, Shorthand Typist
Miss E. Strawbridge, Shorthand Typist
Mr. M. Gillott, Clerk/Student Public Health Inspector
Mr. S. Horton, Clerk

